2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2020
Secretary of State
0381118488CC

DOCUMENT# 744858

Entity Name: FLAGLER PLAYHOUSE, INC

Current Principal Place of Business:

301 E MOODY BLVD
BUNNELL, FL 32110

Current Mailing Address:

301 E MOODY BLVD
BUNNELL, FL 32110

FEI Number: 59-1883034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, MONICA
4007 CALUSA LANE
ORMOND BEACH, FL 32174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MONICA CLARK 01/20/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	CLARK, MONICA
Address	4007 CALUSA LANE
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR
Name	CLARK, EVERETT
Address	4007 CALUSA LANE
City-State-Zip:	ORMOND BEACH FL 32174

Title	VP OF ADMINISTRATION
Name	MISERENDINO, DAVID
Address	52 POTTERVILLE LANE
City-State-Zip:	PALM COAST FL 32164

Title	DIRECTOR
Name	BERRY, JERRI
Address	37 COMANCHE CT
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	HOWELL, NANCY
Address	139 PUTTER DRIVE
City-State-Zip:	PALM COAST FL 32164

Title	SECRETARY
Name	O'NEIL, MICHELE
Address	29 N RIVERWALK DRIVE
City-State-Zip:	PALML COAST FL 32137

Title	DIRECTOR
Name	COYNE, ELEANOR
Address	8 WILLOW TRACE DRIVE
City-State-Zip:	FLAGLER BEACH FL 32136

Title	VP OF PRODUCTION
Name	HARRIS, MILT
Address	604 POINSETTIA STREET
City-State-Zip:	ST. AUGUSTINE FL 32080

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MISERENDINO VP OF ADMINISTRATION 01/20/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KEARNEY, JOHN
Address	64 ULYSSES TRAIL
City-State-Zip:	PALM COAST FL 32164

Title	TREASURER
Name	MC NAMEE, EILEEN
Address	35 EDGEWATER DR.
City-State-Zip:	PALM COAST FL 32164

Title	DIRECTOR
Name	HIBBERT, EILEEN
Address	13 PORWYN LANE
City-State-Zip:	PALM COAST FL 32164