

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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

07/31/2019

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

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

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

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

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

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

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

07/31/2019

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 DIRECTOR
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