

2015 FLORIDA NOT FOR PROFIT CORPORATION 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:**LONERGAN, KELLY L
9 BARRINGTON DRIVE
PALM COAST, FL 32137 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:** KELLY LONERGAN

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name LOVE, PATRICIA
Address 417 PALM DRIVE
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name MCARDLE, KATHY
Address 29 OSPREY CIRCLE
City-State-Zip: PALM COAST FL 32137

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

Title DIRECTOR, TREASURER
Name LONERGAN, KELLY L
Address 9 BARRINGTON DRIVE
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name MCNULTY, MONICA
Address 3502 MIDDLEMORE LANE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR, SECRETARY
Name VAN BRINK, LESLIE
Address 2 WALLIS PLACE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name STOKINGER, ELLEN
Address 13 EVANS DRIVE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name MALECKI, PATTI
Address 113 FORSYTHE LANE
City-State-Zip: PALM COAST FL 32137

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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: KELLY LONERGAN

TREASURER

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, VP
Name O'NEIL, MICHELE
Address 29 N. RIVERWALK DRIVE
City-State-Zip: PALM COAST FL 32137

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