2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2024
Secretary of State
8832027847CC

DOCUMENT# N01000000984

Entity Name: ORMOND BEACH PERFORMING ARTS CENTER SHOW CLUB, INC.

Current Principal Place of Business:

399 NORTH US 1
ORMOND BEACH, FL 32174-5209

Current Mailing Address:

PO BOX 1611
ORMOND BEACH, FL 32175 US

FEI Number: 59-3699505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRUBEK, PETER J TREASURER
10 WEDGEWOOD LN
PALM COAST, FL 32164 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: PETER J TRUBEK 04/17/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREA
Name	TRUBEK, PETER
Address	10 WEDGEWOOD LANE
City-State-Zip:	PALM COAST FL 32164

Title	SECRETARY
Name	POWERS, WENDY
Address	PO BOX 1611
City-State-Zip:	ORMOND BEACH FL 32175

Title	VP
Name	BETTS, VALERIE
Address	70 WENDOVER
City-State-Zip:	PALM COAST FL 32164

Title	DIRECTOR
Name	GREENE, CAROLYN
Address	PO BOX 1611
City-State-Zip:	ORMOND BEACH FL 32175

Title	DIRECTOR
Name	ALLEN, DORIS
Address	118 PAPAYA DR
City-State-Zip:	ORMOND BEACH FL 32174

Title	PRESIDENT
Name	BRADY, EILEENE
Address	1792 MITCHELL CT
City-State-Zip:	PORT ORANGE FL 32128

Title	DIRECTOR
Name	WEST, BARBARA
Address	PO BOX 1611
City-State-Zip:	ORMOND BEACH FL 32175

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: PETER TRUBEK TREASURER 04/17/2024

Electronic Signature of Signing Officer/Director Detail — Date