

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000984

Entity Name: ORMOND BEACH PERFORMING ARTS CENTER SHOW CLUB,
INC.**FILED**
Mar 22, 2021
Secretary of State
3039573003CC**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****03/22/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title TREA
Name TRUBEK, PETER
Address 10 WEDGEWOOD LANE
City-State-Zip: PALM COAST FL 32164Title DIRECTOR
Name ALLEN, DORIS
Address 118 PAPAYA DR
City-State-Zip: ORMOND BEACH FL 32174Title SECRETARY
Name KEIL, CLAIRE
Address 21 SUGAR MILL LN
City-State-Zip: FLAGLER BEACH FL 32136Title PRESIDENT
Name BRADY, EILEENE
Address 1792 MITCHELL CT
City-State-Zip: PORT ORANGE FL 32128Title VP
Name BETTS, VALERIE
Address 70 WENDOVER
City-State-Zip: PALM COAST FL 32164Title DIRECTOR
Name WEST, BARBARA
Address PO BOX 1611
City-State-Zip: ORMOND BEACH FL 32175Title DIRECTOR
Name GREENE, CAROLYN
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 J TRUBEK**TREASURER****03/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date