

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000984

Entity Name: ORMOND BEACH PERFORMING ARTS CENTER SHOW CLUB,
INC.**FILED**
Mar 04, 2020
Secretary of State
4779593151CC**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****03/04/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREA	Title	DIRECTOR
Name	TRUBEK, PETER	Name	ALLEN, DORIS
Address	10 WEDGEWOOD LANE	Address	118 PAPAYA DR
City-State-Zip:	PALM COAST FL 32164	City-State-Zip:	ORMOND BEACH FL 32174
Title	SECRETARY	Title	PRESIDENT
Name	KEIL, CLAIRE	Name	BRADY, EILEENE
Address	21 SUGAR MILL LN	Address	1792 MITCHELL CT
City-State-Zip:	FLAGLER BEACH FL 32136	City-State-Zip:	PORT ORANGE FL 32128
Title	VP	Title	DIRECTOR
Name	BETTS, VALERIE	Name	WEST, BARBARA
Address	70 WENDOVER	Address	PO BOX 1611
City-State-Zip:	PALM COAST FL 32164	City-State-Zip:	ORMOND BEACH FL 32175
Title	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 TRUBEK**TREASURER****03/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date