

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000984

Entity Name: ORMOND BEACH PERFORMING ARTS CENTER SHOW CLUB,
INC.**FILED**
Feb 07, 2018
Secretary of State
CC1557511379**Current Principal Place of Business:**399 NORTH US 1
ORMOND BEACH, FL 32174-5209**Current Mailing Address:**1792 MITCHELL CT
PORT ORANGE, FL 32128 US**FEI Number: 59-3699505****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRADY, EILEENE ASECY.
1792 MITCHELL CT
PORT ORANGE, FL 32128 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: EILEENE BRADY****02/07/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	DONOVAN, MARGO
Address	12 SEA DRIFT TERRACE
City-State-Zip:	ORMOND BEACH FL 32176

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

Title	VP
Name	COLEMAN, CHUCK
Address	3730 EGRET DUNNES DR
City-State-Zip:	ORMOND BEACH FL 32176

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

Title	D
Name	KEIL, CLAIRE
Address	21 SUGAR MILL LN
City-State-Zip:	FLAGLER BEACH FL 32136

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

Title	D
Name	BETTS, VALERIE
Address	16 ZIEGFELD PL
City-State-Zip:	PALM COAST FL 32164

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: EILEENE BRADY**SECRETARY****02/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date