

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001122

Entity Name: THEATREZONE INC.

Current Principal Place of Business:

13275 LIVINGSTON RD.
NAPLES, FL 34109

Current Mailing Address:

2430 VANDERBILT BEACH RD.
SUITE 108-167
NAPLES, FL 34109 US

FEI Number: 25-1917144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANNI, MARK
504 CHATHAM CIRCLE
NAPLES, FL 34110 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name OWENS, SUSAN
Address 241 BAYFRONT DR.
City-State-Zip: BONITA SPRINGS FL 34134

Title PRESIDENT
Name STEVENS, DAVID
Address 2129 MISSION DRIVE
City-State-Zip: NAPLES FL 34109

Title D
Name DANNI, MARK
Address 504 CHATHAM CIRCLE
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name BATISTA, TERE
Address 1864 ALAMANDA DRIVE
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name ELLEN, ELLEMAN
Address PO BOX 304
City-State-Zip: ISLE OF PALMS SC 29451

Title DIRECTOR
Name REBECCA, GUST
Address 1707 THIRD STREET SOUTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name CONROY, CAITLIN
Address 85 CARIBBEAN ROAD
City-State-Zip: NAPLES FL 34108

Title TREASURER
Name SALVAGIO, RONALD
Address 14479 MARSALA WAY
City-State-Zip: NAPLES FL 34109

Continues on page 2

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: MARK DANNI

**FOUNDING ARTISTIC
DIRECTOR**

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MULLIN, PATRICK
Address 275 INDIES WAY
#1103
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name HAZELBAKER, LEIGH
Address 13411 SILKTAIL DRIVE
City-State-Zip: NAPLES FL 34109

Title VP
Name MCCOY, THOMAS
Address 260 BAREFOOT BEACH BLVD
402
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name KRAUSHAAR, SARANN
Address 3016 HENDON COURT
City-State-Zip: NAPLES FL 34105