

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Entity Name: A CLASSIC THEATRE, INC**Current Principal Place of Business:**1332 FLAGSHIP COURT
ST AUGUSTINE, FL 32080**Current Mailing Address:**1332 FLAGSHIP COURT
ST AUGUSTINE, FL 32080 US**FEI Number:** 56-2666987**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAHNER, JEAN A
1332 FLAGSHIP COURT
ST AUGUSTINE, FL 32080 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	P
Name	MASTERS, KATHRYN
Address	107 TANAGER ROAD
City-State-Zip:	ST AUGUSTINE FL 32086-6171

Title	VP, TREASURER
Name	KRAFT, ANNE
Address	968 ARAGON AVENUE
City-State-Zip:	ST AUGUSTINE FL 32086

Title	S
Name	DICKEY, DEBORAH
Address	31 LOCKHART LANE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DIRECTOR
Name	MANGAN, THOMAS
Address	19 SUNFISH DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DIRECTOR
Name	RAHNER, JEAN A
Address	1332 FLAGSHIP COURT
City-State-Zip:	ST. AUGUSTINE FL 32080

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: ANNE KRAFT

VP/TREASURER

01/06/2018

Electronic Signature of Signing Officer/Director Detail_____
Date