

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003232

**Entity Name:** A CLASSIC THEATRE, INC**Current Principal Place of Business:**600 NAUTICAL WAY  
ST AUGUSTINE, FL 32080**Current Mailing Address:**PO BOX 1122  
ST AUGUSTINE, FL 32085 US**FEI Number:** 56-2666987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDER, JACINTHIA  
600 NAUTICAL WAY  
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:** JACINTHIA ALEXANDER

04/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MACDONALD, GLORIA  
Address 368 LOS CAMINOS STREET  
City-State-Zip: ST. AUGUSTINE FL 32095

Title ARTISTIC DIRECTOR/DIRECTOR  
Name ALEXANDER, CINDY  
Address 600 NAUTICAL WAY  
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER/DIRECTOR  
Name RODGERS, TOM  
Address 154 SUNSET CIRCLE SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name SHARPE, HAROLYN  
Address 1931 WOODLAKE DR.  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR  
Name TIMONEY, KATIE  
Address 867 ERVIN STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title SECRETARY/DIRECTOR  
Name GOLDIN, AMY  
Address 74 AMISTAD DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name ABRAHAM, DAVID  
Address 223 COQUINA AVENUE  
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:** CINDY ALEXANDER

ARTISTIC DIRECTOR

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date