

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N07000003232

Entity Name: A CLASSIC THEATRE, INC

Current Principal Place of Business:

107 TANAGER ROAD
ST AUGUSTINE, FL 32086-6171

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:

MASTERS, KATHRYN
107 TANAGER ROAD
ST AUGUSTINE, FL 32086-6171 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: KATHRYN MASTERS

09/14/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MASTERS, KATHRYN
Address 107 TANAGER ROAD
City-State-Zip: ST AUGUSTINE FL 32086-6171

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

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

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

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: KATHRYN MASTERS

DIRECTOR

09/14/2021

Electronic Signature of Signing Officer/Director Detail

Date