

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009534

Entity Name: PORT THEATRE ART AND CULTURE CENTER, INC.**Current Principal Place of Business:**314 REID AVENUE
PORT ST JOE, FL 32456**Current Mailing Address:**P.O. BOX 1141
PORT ST JOE, FL 32457 US**FEI Number:** 45-3967030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIBSON, THOMAS S
116 SAILOR'S COVE DR
PORT ST JOE, FL 32456 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	DIRECTOR
Name	SHOAF, NATALIE
Address	502 NAUTILUS DR
City-State-Zip:	PORT ST JOE FL 32456

Title	DIRECTOR
Name	PICKETT, PAULA
Address	108 SUNSET CIRCLE
City-State-Zip:	PORT ST JOE FL 32456

Title	DIRECTOR
Name	WARRINER, DAVID
Address	PO BOX 280
City-State-Zip:	PORT ST JOE FL 32457

Title	DIRECTOR
Name	ALSOBROOK, GAIL F
Address	1839 MYRTLE AVENUE
City-State-Zip:	SAN DIEGO CA 92103

Title	DIRECTOR
Name	WARRINER, TRISH
Address	PO BOX 280
City-State-Zip:	PORT ST. JOE FL 32457

Title	DIRECTOR
Name	HADDOCK, KAYE
Address	113 MONUMENT AVENUE
City-State-Zip:	PORT ST. JOE FL 32456

Title	DIRECTOR
Name	HAYNES, JIM
Address	202 MARINA DRIVE
City-State-Zip:	PORT ST. JOE FL 32456

Title	DIRECTOR
Name	SMALLWOOD, CLAY
Address	109 WESTCOTT CIRCLE
City-State-Zip:	PORT ST. JOE FL 32456

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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: GAIL F ALSOBROOK**DIRECTOR****01/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RISH, KARA
Address 1887 SR 30A
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name CHILDS, RON
Address PO BOX 13282
City-State-Zip: MEXICO BEACH FL 32410

Title DIRECTOR
Name WHITFIELD, TONY
Address 602 NATILUS DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR
Name BLAYLOCK, PATTI
Address 631 PLANTATION DRIVE
City-State-Zip: PORT ST. JOE FL 32456