

2024 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 411 MONUMENT AVENUE
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 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 WHITFIELD, TONY
Address 602 NATILUS DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR
Name WHITMER, JOE
Address 8006 ALABAMA AVE.
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name COSTIN, LORETTA
Address 1200 MONUMENT AVE.
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: DAVID WARRINER**DIRECTOR****02/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JONES, HEATHER
Address 214 GAUTIER MEMORIAL LANE
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name MORRISON, SCOTT
Address 193 N. SEMINOLE STREET
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name DE LA ROSA, KRISTIAN
Address 421 WINDMARK WAY
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name ALSOBROOK, GAIL
Address 196 WATERMARK WAY
City-State-Zip: PORT ST. JOE FL 32456