

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009613

Entity Name: EMERALD COAST THEATRE COMPANY, INC.

Current Principal Place of Business:

112 PARADISE POINT LN
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 9175
MIRAMAR BEACH, FL 32550 US

FEI Number: 80-0858285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHER, NATHANAEL
112 PARADISE POINT LN
SANTA ROSA BEACH, FL 32459 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 FISHER, NATHANAEL
Address P.O. BOX 9175
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name FISHER, ANNA
Address P.O. BOX 9175
City-State-Zip: MIRAMAR BEACH FL 32550

Title TREASURER
Name WILSON, BEVERLY
Address 1221 AIRPORT ROAD SUITE 205
City-State-Zip: DESTIN FL 32541

Title PRESIDENT
Name HEDDEN, JASON
Address P.O. BOX 9175
City-State-Zip: MIRAMAR BEACH FL 32550

Title SECRETARY
Name LONDE, SHERRY
Address 296 KETCH COURT
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name HALL, JAMIE
Address 4006 LAUREN COURT
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name RUSSELL, SCOTT
Address 2997 BAY VILLAS COURT
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name BRADY, STACEY
Address 4473 CLIPPER COVE
City-State-Zip: DESTIN FL 32541

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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: NATHANAEL FISHER

PRODUCING ARTISTIC DIRECTOR

08/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REEVES, TODD
Address P.O. BOX 9175
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name JEREMY , KEICH
Address P.O. BOX 9175
City-State-Zip: MIRAMAR BEACH FL 32550