

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009613

Entity Name: EMERALD COAST THEATRE COMPANY, INC.

FILED
Apr 23, 2018
Secretary of State
CC5503952680

Current Principal Place of Business:

560 GRAND BOULEVARD
SUITE 200
MIRAMAR BEACH, FL 32550

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
560 GRAND BOULEVARD
SUITE 200
MIRAMAR BEACH, FL 32550 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 P.O. BOX 9175
City-State-Zip: MIRAMAR BEACH FL 32550

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

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

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

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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**

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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