

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011180

Entity Name: CLAMOUR THEATRE COMPANY, INC.**Current Principal Place of Business:**63 SWIMMING PEN DR.
MIDDLEBURG, FL 32068**Current Mailing Address:**PO BOX 9055
FLEMING ISLAND, FL 32006 US**FEI Number: 81-4529821****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, ELAINE
63 SWIMMING PEN DR.
MIDDLEBURG, FL 32068 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	CHAIRMAN
Name	SMITH, ELAINE
Address	63 SWIMMING PEN DR.
City-State-Zip:	MIDDLEBURG FL 32068

Title	SECRETARY
Name	MILLER, LYNNE S
Address	1501 SHELTER COVE DR.
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VC
Name	REARDON, KERRY
Address	2279 SOUTH BROOKS DR
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	COBB, CRIS
Address	2251 SOUTH BROOK DR
City-State-Zip:	FLEMING ISLAND FL 32003

Title	TREASURER
Name	FUGATE, LYNN
Address	1521 MAPLE LEAF LN
City-State-Zip:	FLEMING ISLAND FL 32003

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: ELAINE SMITH**CHAIRMAN****01/14/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date