

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010808

**Entity Name:** THE FLEMING ISLAND THEATER INCORPORATED**Current Principal Place of Business:**1860 TOWN HALL CIRCLE  
SUITE 53,54,55  
FLEMING ISLAND, FL 32003**Current Mailing Address:**122 MELODY LANE  
FLORAHOME, FL 32140 US**FEI Number:** 82-3273907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, PATRICIA L  
122 MELODY LANE  
FLORAHOME, FL 32140 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	P
Name	WILLIAMS, PATRICIA L
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140

Title	VP
Name	NAVARRO, STEPHANIE
Address	625 OAKLEAF PLANTATION PARKWAY #615
City-State-Zip:	ORANGE PARK FL 32065

Title	DIRECTOR
Name	SMITH, AARON
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140

Title	DIRECTOR
Name	AMBURGEY, JILL
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140

Title	VP
Name	WILLIAMS, JOHN W
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140

Title	TREASURER
Name	SMITH, JODI
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140

Title	DIRECTOR
Name	PHILIPS, DAVID
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140

Title	DIRECTOR
Name	CONRAD, STEVE
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140

**Continues on page 2**

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:** PATRICIA WILLIAMS

MANAGING DIRECTOR

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BAKER, CYNTHIA
Address	122 MELODY LANE
City-State-Zip:	FLORAHOME FL 32140