

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003838

FILED
Jan 21, 2014
Secretary of State
CC6563985861

Entity Name: ATLANTIC BEACH EXPERIMENTAL THEATRE, INC.

Current Principal Place of Business:

716 OCEAN BLVD.
ATLANTIC BEACH, FL 32233

Current Mailing Address:

1015 ATLANTIC BLVD., #175
ATLANTIC BEACH, FL 32233

FEI Number: 59-3212409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLEIT, ALAN
10 TENTH STREET UNIT 32
ATLANTIC BEACH, FL 32233 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 TREASURER
Name GLEIT, ALAN
Address 10 TENTH STREET, UNIT 32
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR
Name GLAZENER, BOB
Address 1213 ZEPHYR WAY S
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name HENNESSEY, MARGARET
Address 2547 DAUPHINE CT E
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR
Name BULL, JANE
Address 404 SANIBEL COURT
City-State-Zip: NEPTUNE BEACH FL 32266

Title PRESIDENT
Name HULETT, JUDY
Address 1208 8TH STREET N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name FORTUNE, JENNIFER
Address 84 NICOLE LANE
City-State-Zip: ATLANTIC BEACH FL 32233

Title SECRETARY
Name LATKA, JENNIFER
Address 2405 BETHUNE AVE.
City-State-Zip: JACKSONVILLE FL 32207

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: ALAN GLEIT

TREASURER

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date