

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003838

FILED
Feb 02, 2020
Secretary of State
4047148975CC

Entity Name: ALL BEACHES EXPERIMENTAL THEATRE, INC.

Current Principal Place of Business:

544 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266

Current Mailing Address:

P.O. BOX 331627
ATLANTIC BEACH, FL 32233 US

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 HULETT, JUDY
Address 1100 SEAGATE AVE.
 125
City-State-Zip: NEPTUNE BEACH FL 32266

Title VP
Name BARNARD, JACK
Address 11661 OXFORD CREST LANE
City-State-Zip: JACKSONVILLE FL 32258

Title PRESIDENT
Name JOHNSON, BRIAN
Address 1805 SEA OATS DRIVE
City-State-Zip: ATLANTIC BEACH FL 32233

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

Title DIRECTOR
Name JOHNSON, JOHN
Address 3118 FLEET LANCING BLVD
City-State-Zip: ATLANTIC BEACH FL 32233

Title SECRETARY
Name ROACH, SUSAN
Address 4326 WINDERGATE CT.
City-State-Zip: JACKSONVILLE FL 32257

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

02/02/2020

Electronic Signature of Signing Officer/Director Detail

Date