

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003838

Entity Name: ALL BEACHES EXPERIMENTAL THEATRE, INC.

Current Principal Place of Business:

106 6TH STREET NORTH
JACKSONVILLE BEACH, FL 32250

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 10TH ST APT 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 10TH ST. APT 32
City-State-Zip: ATLANTIC BEACH, FL FL 32233

Title DIRECTOR
Name BARNARD, JACK
Address 7314 HILLADALE CREEK LANE
City-State-Zip: JACKSONVILLE FL 32222

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

Title VP
Name KRUER, GEORGE
Address 1810 SEVILLA BLVD. #107
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR
Name RIEGLER, CYNTHIA
Address 11250 ELANE DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY
Name QUINCY, PAM
Address 300 GARDEN LANE
City-State-Zip: ATLANTIC BEACH FL 32233

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

02/10/2024

Electronic Signature of Signing Officer/Director Detail

Date