

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003838

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**9324855198CC**

**Entity Name:** ALL BEACHES EXPERIMENTAL THEATRE, INC.

**Current Principal Place of Business:**

544 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

1015 ATLANTIC BLVD., #175  
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           SECRETARY  
Name           DARNELL, BETSY  
Address        2233 LAUGHING GULL CIRCLE  
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           DIRECTOR  
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**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date