

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000082

Entity Name: NATIONAL CARAVAN STAGE COMPANY, INC.**Current Principal Place of Business:**236 WEST 4TH ST
JACKSONVILLE, FL 32206**Current Mailing Address:**236 WEST 4TH ST
JACKSONVILLE, FL 32206 US**FEI Number: 06-1436763****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RINAMAN, MARK
236 WEST 4TH ST
JACKSONVILLE, FL 32206 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: MARK RINAMAN****02/20/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARK, RINAMAN
Address 236 WEST 4TH ST
City-State-Zip: JACKSONVILLE FL 32206

Title VP
Name ROBERTS, PAMELA D
Address 2625 1/2 LAPEYROUSE ST
City-State-Zip: NEW ORLEANS LA 70119

Title DIRECTOR, TREASURER,
SECRETARY
Name KELDER, ADRIANA
Address 236 WEST 4TH ST
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name KIRBY, PAUL E
Address 236 WEST 4TH ST
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name MASTRY, EDITH
Address 222 15TH AVE. S.
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR
Name POINDEXTER, RANDY
Address 4324 CADIZ ST
City-State-Zip: NEW ORLEANS LA 70125

Title DIRECTOR
Name MCCUTCHEON, RALPH
Address 5100 4TH AVE SOUTH
City-State-Zip: ST PETERSBURG FL 33707

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: ADRIANA KELDER**DIRECTOR****02/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date