

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709445

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** MELBOURNE CIVIC THEATRE, INC.

**Current Principal Place of Business:**

817 EAST STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

817 EAST STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 59-0703162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAUL, MICHAEL D  
2700 N. HWY A1A  
APT 16-104  
INDIANLANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PAUL, MICHAEL D  
**Address:** 2700 N. HWY A1A, APT 16-104  
**City-St-Zip:** INDIANLANTIC, FL 32903

**Title:** V  
**Name:** GRESHES, RACHEL  
**Address:** 525 PALMETTO AVE  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** S  
**Name:** MURDEN, DAWN S  
**Address:** 649 ORANGE CT.  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** MD  
**Name:** GIRARD, PEGGY L  
**Address:** 535 FERNWOOD AVE NW  
**City-St-Zip:** PALM BAY, FL 32907 US

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:** PEGGY GIRARD

MD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date