

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725431

Entity Name: ST LUCIE COMMUNITY THEATRE INC

Current Principal Place of Business:

700 W WEATHERBEE RD
FORT PIERCE, FL 34982

Current Mailing Address:

700 W WEATHERBEE RD
FORT PIERCE, FL 34982 US

FEI Number: 23-7378281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMPSEY, COLBY
921 SW CAIRO AVE
PORT ST LUCIE, FL 34953 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: COLBY DEMPSEY

03/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DIONNE, STEVEN P
Address 6709 WOODS ISLAND CIR #108
City-State-Zip: PORT ST LUCIE FL 34982

Title RS/D
Name PARKER-EARLL, LESLIE
Address 2138 SE SHELTER DRIVE
City-State-Zip: PORT ST LUCIE FL 34952

Title PRESIDENT
Name DEMPSEY, COLBY
Address 921 SW CAIRO AV
City-State-Zip: PORT ST LUCIE FL 34953

Title DIRECTOR
Name KOBER, JILL
Address 700 TREASURE CAY DR #307
City-State-Zip: FORT PIERCE FL 34947

Title DIRECTOR
Name FERRINO, ANTHONY
Address 14 GOLF DR
City-State-Zip: PORT ST LUCIE FL 34952

Title CORRESPONDING SECRETARY
Name MARCAZZOLO, CHRISTINE
Address 1045 SW JENNIFER TER
City-State-Zip: PORT ST LUCIE FL 34953

Title TREASURER
Name YAHN, CHARLES A
Address 648 LITTLE KAYAK POINT
City-State-Zip: PORT ST LUCIE FL 34983

Title DIRECTOR
Name FINLEY, MERCEDES
Address 11103 MULLER ROAD
City-State-Zip: FORT PIERCE FL 34945

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: COLBY DEMPSEY

PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date