

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 725431

Entity Name: ST LUCIE COMMUNITY THEATRE INC

Current Principal Place of Business:

568 SW DUVAL AVENUE
PORT SAINT LUCIE, FL 34983

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:

LUCHKA, JOHN
568 SW DUVAL AVENUE
PORT SAINT LUCIE, FL 34983 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: JOHN LUCHKA, REGISTER AGENT

07/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DIONNE, STEVEN
Address 700 W WEATHERBEE RD
City-State-Zip: FORT PIERCE FL 34982

Title VP
Name FINLEY, MERCEDES
Address 700 W WEATHERBEE RD
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR
Name KRANTZ, ANN
Address 5649 NW CROCUS AVE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name REED, RICHARD
Address 700 W WEATHERBEE RD
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR
Name LOMAX, TINA
Address 700 W WEATHERBEE RD
City-State-Zip: FORT PIERCE FL 34982

Title CORRESPONDING SECRETARY
Name CARONDELET, MICHELLE
Address 708 MAPLE AVE
City-State-Zip: FORT PIERCE FL 34982

Title RECORDING SECRETARY
Name DEMPSEY, COLBY
Address 700 W WEATHERBEE RD
City-State-Zip: FORT PIERCE FL 34982

Title TREASURER
Name JEANETTE, RYAN
Address 700 W WEATHERBEE RD.
City-State-Zip: FT. PIERCE FL 34982

Continues on page 2

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: STEVEN DIONNE

PRESIDENT

07/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name MALFOY, TORY

Address 700 W WEATHERBEE RD.

City-State-Zip: FT. PIERCE FL 34982