

2021 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: Yes

Name and Address of Current Registered Agent:

BEEBE, NORMAN
2177 SE FERN PARK DR
PORT ST LUCIE, FL 34952 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: NORMAN BEEBE

01/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FINLEY, MERCEDES
Address 11103 MULLER RD
City-State-Zip: FT.PIERCE FL 34945

Title PRESIDENT
Name BEEBE, NORMAN
Address 2177 SE FERN PARK DRIVE
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP
Name PRESNELL, PATRICIA
Address 2296 18TH AVE SW
City-State-Zip: VERO BEACH FL 32962

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

Title PRESIDENT EMERITUS
Name PROCINO, JOHN
Address 270 KINGFISHER AVE
City-State-Zip: FT. PIERCE FL 34982

Title DIRECTOR
Name MACK, JAYRENE
Address 1326 SE VESTRIDGE LANE
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name COZINE, WENDY
Address 5613 BIRCH DRIVE
City-State-Zip: FORT PIERCE FL 34982

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

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: NORMAN BEEBE

**PRESIDENT OF THE
BOARD OF DIRECTORS**

01/05/2021

Electronic Signature of Signing Officer/Director Detail

Date