

**2013 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:**

BRINKERHOFF, MARK  
1366 36TH AVE  
VERO BEACH, FL 32960 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HAWLEY, MELISSA J  
Address 607 NW GRENADA AVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title RS/D  
Name RECCO, ADRIENNE  
Address 127 N.E. ESTIA LANE  
City-State-Zip: PORT ST LUCIE FL 34983

Title P  
Name BRINKERHOFF, MARK  
Address 1366 36TH AVE  
City-State-Zip: VERO BEACH FL 32960

Title CS/D  
Name HAWLEY, MELISSA  
Address 607 N.W. GRENADA ST  
City-State-Zip: PORT ST LUCIE FL 34983

Title D  
Name FIELDEN, DEANNA  
Address 453 22ND PLACE S.E.  
City-State-Zip: VERO BEACH FL 32962

Title T  
Name TORRES, JOSE  
Address 4923 SPARKLING PINES CIRCLE  
City-State-Zip: FORT PIERCE FL 34951

*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:** MARK BRINKERHOFF

**PRESIDENT**

**05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date