2020 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

### Name and Address of Current Registered Agent:

PROCINO , JOHN 270 KINGFISHER AVE FT. PIERCE , FL 34982 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 PROCINO                           |                 |                         | 01/16/2020 |
|-----------------|--|-----------------|-------------------------|------------|
|                 | Electronic Signature of Registered Agent |                 |                         | Date       |
| Officer/Dire    | ctor Detail :                            |                 |                         |            |
| Title           | DIRECTOR                                 | Title           | DIRECTOR                |            |
| Name            | GILLETTE, ELLEN                          | Name            | BEEBE, NORMAN           |            |
| Address         | 859 NOA ST                               | Address         | 2177 SE FERN PARK DRIVE |            |
| City-State-Zip: | FT.PIERCE FL 34982                       | City-State-Zip: | PORT ST. LUCIE FL 34952 |            |
| Title           | CORRESPONDING SECRETARY                  | Title           | VP                      |            |
| Name            | PRESNELL, PATRICIA                       | Name            | TAYLOR THOMAS, SHARON   |            |
| Address         | 2296 18TH AVE SW                         | Address         | 921 NW FRESCO WAY       |            |
| City-State-Zip: | VERO BEACH FL 32962                      | City-State-Zip: | JENSEN BEACH FL 34957   |            |
| Title           | PRESIDENT                                | Title           | TREASURER               |            |
| Name            | PROCINO, JOHN                            | Name            | SEARLES, GAIL           |            |
| Address         | 270 KINGFISHER AVE                       | Address         | 2306 ST LUCIE BLVD      |            |
| City-State-Zip: | FT. PIERCE FL 34982                      | City-State-Zip: | FT PIERCE FL 34946      |            |
| Title           | DIRECTOR                                 | Title           | DIRECTOR                |            |
| Name            | BROWN, HOWARD                            | Name            | CARONDELET, MICHELLE    |            |
| Address         | 710 SE ADAMS CT.                         | Address         | 708 MAPLE AVE           |            |
| City-State-Zip: | PORT ST LUCIE FL 34984                   | 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: JOHN PROCINO

PRESIDENT OF THE 01/1 BOARD OF DIRECTORS

01/16/2020

FILED Jan 16, 2020 Secretary of State 2247341404CC

Certificate of Status Desired: No

Date