

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:**

RICHMOND , NOAH R  
1124 ROSEDALE 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:** NOAH R. RICHMOND

10/09/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GILLETTE, ELLEN  
Address 859 NOA ST  
City-State-Zip: FT.PIERCE FL 34982

Title DIRECTOR  
Name LOMBA, JOHN  
Address 190 NW HEATHER ST  
City-State-Zip: PORT ST. LUCIE FL 34983

Title DIRECTOR  
Name DISKIN , JOE  
Address 1105 SW ALCANTARRA BLVD  
City-State-Zip: PORT ST LUCIE FL 34953

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

Title PRESIDENT  
Name RICHMOND , NOAH  
Address 1124 ROSEDAL AVE  
City-State-Zip: FT. PIERCE FL 34982

Title VP  
Name FLOWERS, MARGARET  
Address 312 NW SHORELINE CIR  
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY  
Name PARKER-EARLL, LESLIE  
Address 2138 SE SHELTER DR  
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR  
Name PROCINO, JOHN  
Address 270 KINGFISHER AVE  
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:** NOAH R RICHMOND

PRESIDENT

10/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SEARLES, GAIL  
Address        2306 ST LUCIE BLVD  
City-State-Zip: FT PIERCE FL 34946