

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730619

FILED
Jan 24, 2017
Secretary of State
CC3256909917

Entity Name: THE HIPPODROME STATE THEATRE, INC.

Current Principal Place of Business:

25 SOUTHEAST 2ND PLACE
GAINESVILLE, FL 32601

Current Mailing Address:

25 SOUTHEAST 2ND PLACE
GAINESVILLE, FL 32601 US

FEI Number: 59-1590987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAENZER, NICOLE
25 SE 2 PLACE
GAINESVILLE, FL 32601 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 CHAIRMAN
Name STYRON, BETSY
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title VC
Name WARD, HARVEY
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY
Name HUROV, JESSICA
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title CO-TRUSTEE
Name BEDELL, ELIZABETH
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title CO-TRUSTEE
Name MCAFEE, JORGIA
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title CO-TRUSTEE
Name CALDWELL, LAUREN
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR OF OPERATIONS
Name DAENZER, NICOLE
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

Title CO-TRUSTEE
Name FACKLER, SANDRA
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601

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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: NICOLE DAENZER

DIRECTOR OF OPERATIONS

01/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CO-TRUSTEE
Name CORNWELL, BRUCE
Address 25 SOUTHEAST 2ND PLACE
City-State-Zip: GAINESVILLE FL 32601