

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744858

**Entity Name:** FLAGLER PLAYHOUSE, INC

**Current Principal Place of Business:**

301 E MOODY BLVD  
BUNNELL, FL 32110

**Current Mailing Address:**

301 E MOODY BLVD  
BUNNELL, FL 32110

**FEI Number:** 59-1883034

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARK, MONICA  
4007 CALUSA LANE  
ORMOND BEACH, FL 32174 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:** MONICA CLARK

02/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name CLARK, MONICA  
Address 4007 CALUSA LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name HOWELL, NANCY  
Address 139 PUTTER DRIVE  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR, SECRETARY, VP  
Name STUART, VIVIAN  
Address 5 KAINITE CT  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name STOKINGER, ELLEN  
Address 13 EVANS DRIVE  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name MALECKI, PATTI  
Address 113 FORSYTHE LANE  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR, TREASURER  
Name MAICON, WILLIAM  
Address 75 PHEASANT DR  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name CLARK, EVERETT  
Address 4007 CALUSA LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name THOMPSON, MICHAEL  
Address 2 FLOYD CT  
City-State-Zip: PALM COAST FL 32137

**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:** MONICA CLARK

PRESIDENT

02/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WILLIAMS, LARRY  
Address        43 BELVEDERE LANE  
City-State-Zip: PALM COAST FL 32137