

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004745

Entity Name: STAGE AURORA THEATRICAL COMPANY, INC.**Current Principal Place of Business:**3123 CLYDE DRIVE
JACKSONVILLE, FL 32208**Current Mailing Address:**P. O. BOX 28283
JACKSONVILLE, FL 32218 US**FEI Number: 59-3666871****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LUSTER, REGINALD ATTY
25 LIBERTY STREET
SUITE A
JACKSONVILLE, FL 32202 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	FP
Name	HALL, DARRYL R
Address	3123 CLYDE DRIVE
City-State-Zip:	JACKSONVILLE FL 32208

Title	D
Name	HALL, DOLORES L
Address	3123 CLYDE DR.
City-State-Zip:	JACKSONVILLE FL 32208

Title	D
Name	HALL, EDWARD W
Address	3123 CLYDE DR.
City-State-Zip:	JACKSONVILLE FL 32208

Title	D
Name	MORGAN, JOSEPH
Address	6543 EXCOR PLACE
City-State-Zip:	JACKSONVILLE FL 32211

Title	S
Name	HARPER, TARANA
Address	2033 HOLCROFT DRIVE
City-State-Zip:	JACKSONVILLE FL 32209

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: DARRYL REUBEN HALL**EXECUTIVE DIRECTOR****01/03/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date