

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006903

**FILED**  
**Feb 28, 2019**  
**Secretary of State**  
**3416292753CC**

**Entity Name:** THE VILLAGES MUSICAL THEATER, INC.

**Current Principal Place of Business:**

2041 ALLENDE AVE  
THE VILLAGES, FL 32159

**Current Mailing Address:**

PO BOX 700  
LADY LAKE, FL 32158 US

**FEI Number:** 59-3738852

**Certificate of Status Desired:** No

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

SLIVKEN, EDWARD C  
2041 ALLENDE AVE  
THE VILLAGES, FL 32159 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:** EDWARD C SLIVKEN

02/28/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name DAVIS, WILLIAM  
Address 1785 BASSINGER COURT  
City-State-Zip: THE VILLAGES FL 32162

Title VC  
Name KRONE, WILLIAM  
Address 1080 RUSSELL LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name MERKNER, MARY LOU  
Address 1631 TRAVELER'S REST  
City-State-Zip: THE VILLAGES FL 32162

Title TREASURER  
Name SLIVKEN, EDWARD C  
Address 2041 ALLENDE AVE  
City-State-Zip: THE VILLAGES FL 32159

Title SECRETARY  
Name PLUTA, JUDY  
Address 1585 BLYTHEWOOD LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name GREENBERGER, BRUCE  
Address 2177 BEECHER PATH  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name NEWELL, DAVE  
Address 3124 IVES LN  
City-State-Zip: THE VILLAGES FL 32163

*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:** EDWARD SLIVKEN

**TREASURER**

02/28/2019

Electronic Signature of Signing Officer/Director Detail

Date