#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008246

Entity Name: DR. PHILLIPS CENTER FOR THE PERFORMING ARTS, INC.

FILED
Mar 18, 2021
Secretary of State
4337590805CC

## **Current Principal Place of Business:**

155 E ANDERSON STREET ORLANDO, FL 32801

## **Current Mailing Address:**

155 E ANDERSON STREET ORLANDO, FL 32801 US

FEI Number: 20-0695917 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PUGH, JAMES HJR 359 CAROLINA AVENUE WINTER PARK, FL 32789 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	DC	Title	S

Name PUGH, JAMES HJR Name TONG, SPENCER

Address 359 CAROLINA AVENUE Address 155 E ANDERSON STREET

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: ORLANDO FL 32801

Title T Title D, P

NameKELLY, CECILIANameKATHERINE, RAMSBERGERAddress155 E ANDERSON STREETAddress155 E. ANDERSON STREET

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title VC Title D

Name STEINMETZ, CHUCK Name ROEHLK, THOMAS

Address 321 READING WAY Address 155 E ANDERSON STREET

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: ORLANDO FL 32801

Title D Title D

NameTIMBERLAKE, EDWARDNameMCCULLION, CHRISTOPHERAddress155 E ANDERSON STREETAddress155 E ANDERSON STREETCity-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

# 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: CECILIA KELLY T 03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title D

Name AMMERMAN, DONALD
Address 155 E ANDERSON STREET

City-State-Zip: ORLANDO FL 32801

Title D

Name BITTENBINDER, JEFFREY
Address 155 E ANDERSON STREET

City-State-Zip: ORLANDO FL 32801

Title D

Name CHAPIN, LINDA

Address 155 E ANDERSON STREET

City-State-Zip: ORLANDO FL 32801

Title D

Name CONTE, JOSEPH

Address 155 E ANDERSON STREET

City-State-Zip: ORLANDO FL 32801

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Name GREEN, JOYCE

Address 155 E ANDERSON STREET

City-State-Zip: ORLANDO FL 32801

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Name KOBRIN, HARVEY

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Name MASSEY, CAROL

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Name MILLS, HAROLD

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Name PRITCHARD, SIBILLE

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Name USTLER, CRAIG

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Name DEMINGS, JERRY

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Name SANTOS, FRANK

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Name BORNSTEIN, RITA

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Name CLEVELAND, JOSEPH

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Name EDRIS, TRICIA

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Name JONES, GARRY

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Name MADARA, JAY

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Name MILLER, STEVE

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Name OROSZ, WILLIAM

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Name SHAPIRO, JAMES

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Title D

Name DYER, JOHN

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Address 155 E ANDERSON STREET

City-State-Zip: ORLANDO FL 32801