

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001272

Entity Name: ISLAND CITY STAGE, INC.

Current Principal Place of Business:

2304 N DIXIE HWY
WILTON MANORS, FL 33305

Current Mailing Address:

2304 N DIXIE HWY
WILTON MANORS, FL 33305 US

FEI Number: 45-4264114

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHILDERS, MARTIN
2304 N. DIXIE HWY
WILTON MANORS, FL 33305 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: MARTIN CHILDERS

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LOPEZ, NIKI
Address 1310 SW 2ND COURT #109
City-State-Zip: FORT LAUDERDALE FL 33308

Title SECRETARY
Name BOYETTE, THEL
Address 2601 NE 14TH AVENUE #110
City-State-Zip: OAKLAND PARK FL 33334

Title PRESIDENT
Name LINDEBLOM, GREG
Address 2334 S CYPRESS BEND DRIVE #101
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name RIC, WANETIK
Address 1280 NE 24TH ST
2309
City-State-Zip: WILTON MANORS FL 33305

Title TREASURER
Name MICHAEL, MULLINS
Address 4220 NE 25TH AVE
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name FLOYD, DEBORAH
Address 2841 N OCEAN BLVD #1504
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name HITCHINS, PHILLIPPA
Address PO BOX 70474
City-State-Zip: FORT LAUDERDALE FL 33307

Title DIRECTOR
Name KURZWEIL, HOWARD
Address 333 LAS OLAS WAY UNIT 2010
City-State-Zip: FORT LAUDERDALE FL 33301

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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: GREG LINDEBLOM

MANAGING DIRECTOR

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name WILDER, SUE
Address 333 SUNSET DRIVE APT 503
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name JOHN, JOSEPH
Address 1130 NE THIRD AVE
City-State-Zip: FORT LAUDERDALE FL 33304

Title DIRECTOR
Name MARGIE, FRIED
Address 1618 CORAL RIDGE DRIVE
City-State-Zip: FORT LAUDERDALE FL 33305

Title DIRECTOR
Name MITCHELL, SCHECTER
Address 405 NW 23RD AVE
City-State-Zip: FORT LAUDERDALE FL 33311