

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20393

Entity Name: LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNITY THEATRE**Current Principal Place of Business:**96 W DEARBORN STREET
ENGLEWOOD, FL 34223**Current Mailing Address:**96 W DEARBORN STREET
ENGLEWOOD, FL 34223 US**FEI Number: 59-2803975****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LA SALLE, ROBERT M
10162 TOPSAIL AVE.
ENGLEWOOD, FL 34224 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	VP
Name	MANN, JAMES
Address	160 BROADWAY UNIT 204
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	BARNES, RALPH
Address	401 COBIA
City-State-Zip:	VENICE FL 34285

Title	SECRETARY
Name	TUFF, PATTY
Address	311 BOUNDARY BLVD.
City-State-Zip:	ROTONDA WEST FL 33947

Title	DIRECTOR
Name	BASS, JOHN IV
Address	1490 HOMESTEAD DR.
City-State-Zip:	ENGLEWOOD FL 34223

Title	PRESIDENT, TREASURER
Name	LA SALLE, ROBERT
Address	10162 TOPSAIL AVE
City-State-Zip:	ENGLEWOOD FL 34224

Title	DIRECTOR
Name	MASON, NICOLETTE
Address	137 ENGLEWOOD GARDEN CT.
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	GILBERT, MIKE
Address	14059 KEYSTONE BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33981

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: ROBERT LA SALLE**PRESIDENT****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date