

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000152

Entity Name: NEW STAGE THEATREWORKS, INC.**Current Principal Place of Business:**1579 ESCADRILLE DRIVE
TALLAHASSEE, FL 32308**Current Mailing Address:**PO BOX 762
TALLAHASSEE, FL 32302 US**FEI Number:** 59-3138032**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAGE, KRYSTOF D
4778 PLANTERS RIDGE DR
TALLAHASSEE, FL 32311 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:** KRYSTOF D KAGE

02/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BARCLAY, ANDREW
Address 1805 MERIADOC ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name NIELSEN, GERRY
Address P.O. BOX 762
City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER
Name KADAR, JANIA
Address 2409 SILVER PALM LANE
City-State-Zip: TALLAHASSEE FL 32309

Title VP
Name ELLIOTT, SHILOH
Address 402 TERRACE STREET
APT 75
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name KAGE, KRYSTOF D
Address 4778 PLANTERS RIDGE DR
City-State-Zip: TALLAHASSEE FL 32311

Title PRESIDENT
Name BREWER, LENOIR
Address 1579 ESCADRILLE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY
Name ALGAZE, SAMANTHA ROSE
Address 1348 OCALA ROAD
APT A
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name MOCK, MIKE
Address 3418 NORTH MERIDIAN ROAD
City-State-Zip: TALLAHASSEE FL 32312

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: KRYSTOF KAGE**EXECUTIVE DIRECTOR**

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date