

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:47

DOCUMENT # 719982 (1)
1. Corporation Name
THE BARN THEATRE, INC.

Principal Place of Business Mailing Address
2400 S.E. OCEAN BLVD. 2400 S.E. OCEAN BLVD.
P.O. BOX 1894 P.O. BOX 1894
STUART FL 34995 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1971	3a. Date of Last Report 02/28/1994
4. FEI Number 23-7425604	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
WARNER, THOMAS
1100 SOUTH FEDERAL HWY.
401 E. OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRELL, GAYLE
STREET ADDRESS	1885 NW EAGLE POINT
CITY - ST - ZIP	STUART FL
TITLE	TD
NAME	MATLIN, RITA
STREET ADDRESS	2600 SW BOBOLINK COURT
CITY - ST - ZIP	PALM CITY FL
TITLE	VD
NAME	JACKSON, JAMES
STREET ADDRESS	3003 NE IVY LANE
CITY - ST - ZIP	JENSEN BEACH FL
TITLE	VVD
NAME	ECKHARDT-WION, KRISTAL
STREET ADDRESS	1101 OSCEOLA ST
CITY - ST - ZIP	STUART FL
TITLE	S
NAME	PHANEUF, SALLY
STREET ADDRESS	12 MANDALAY
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEANNE V. SMALL	
1.3 STREET ADDRESS	800 N FORK RD #6-10	
1.4 CITY - ST - ZIP	STUART FL 34994	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN R. GINSLER	
2.3 STREET ADDRESS	1346 NW PINE RIDGE TRAIL	
2.4 CITY - ST - ZIP	STUART FL 34994	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES M. O'BRIEN	
4.3 STREET ADDRESS	PO BOX 598	N/A
4.4 CITY - ST - ZIP	JUPITER FL 33468	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LAURIE WYNNE	
5.3 STREET ADDRESS	2488 NW HOLIDAY COURT	
5.4 CITY - ST - ZIP	STUART FL 34994	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R. Ginsler JOHN R. GINSLER 2/2/95 (407) 287-4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR