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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 34995-1894

3. Date Incorporated or Qualified 01/04/1971
3a. Date of Last Report 01/24/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 23-7425604 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD [X] DELETE	SMALL, JEANNE V	1.1 TITLE PD [X] Change [] Addition	ROBERT H. COY
NAME	800 N FORK RD., #6-10	1.2 NAME	1084 NW SPRUCE RIDGE DR
STREET ADDRESS	STUART FL	1.3 STREET ADDRESS	STUART FL 34994
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE TD [X] DELETE	JACKSON, JAMES	2.1 TITLE TD [X] Change [] Addition	SCOTT HERRING
NAME	3003 NE IVY LANE	2.2 NAME	361 GENESSE AVE
STREET ADDRESS	JENSEN BEACH FL	2.3 STREET ADDRESS	PORT ST LUCIE FL 34983
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD [X] DELETE	O'BRIEN, JAMES M	3.1 TITLE VD [X] Change [] Addition	JOHN BOWLES
NAME	P O BOX 589	3.2 NAME	5303 SE SERENOA TERR
STREET ADDRESS	JUPITER FL	3.3 STREET ADDRESS	HOBE SOUND FL 33455
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE S [X] DELETE	WYNNE, LAURIE	4.1 TITLE S [X] Change [] Addition	SCARLETT GRAVES
NAME	2488 NW HOLIDAY COURT	4.2 NAME	8103 PACSO ROBELES BLVD
STREET ADDRESS	STUART FL	4.3 STREET ADDRESS	FORT PIERCE FL 34951
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VD [] DELETE	BALZER, RAYMOND	5.1 TITLE [] Change [] Addition	
NAME	311 TOWN TERRACE	5.2 NAME	
STREET ADDRESS	JENSEN BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE [] DELETE		6.1 TITLE [] Change [] Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 Bowles* President 01/07/97 (561) 287-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072008

CR2E037 (9/96)