


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90062 049 ****70.00

| | |
|---|---|
| DOCUMENT # 719982 1. Entity Name THE BARN THEATRE, INC. |  |
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| Principal Place of Business 2400 S.E. OCEAN BLVD. P.O. BOX 1894 STUART FL 34995 | Mailing Address 2400 S.E. OCEAN BLVD. P.O. BOX 1894 STUART FL 34995 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E037 (10/06)

| | |
|--|---|
| 4. FEI Number 23-7425604 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WARNER, THOMAS 1100 SOUTH FEDERAL HWY. 401 E. OSCEOLA STREET STUART FL 34994 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|---------------------------|--|---|--------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATERSON, WILLIAM | | NAME | | |
| STREET ADDRESS | 1291 SE CORAL REEF | | STREET ADDRESS | | |
| CITY - ST - ZIP | PORT SAINT LUCIE FL 34983 | | CITY - ST - ZIP | | |
| TITLE | TVPD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BADINER, JERRY | | NAME | | |
| STREET ADDRESS | 420 NW CHIANTI CT | | STREET ADDRESS | | |
| CITY - ST - ZIP | PORT SAINT LUCIE FL 34986 | | CITY - ST - ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLOMBO, ANTHONY | | NAME | | |
| STREET ADDRESS | 8186 BLACKBEAD CT | | STREET ADDRESS | | |
| CITY - ST - ZIP | PORT SAINT LUCIE FL 34952 | | CITY - ST - ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALLORY, JAY | | NAME | | |
| STREET ADDRESS | 1614 SWEET BAY CIRCLE | | STREET ADDRESS | | |
| CITY - ST - ZIP | PALM CITY FL 34990 | | CITY - ST - ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACK, JAYRENE V | | NAME | | |
| STREET ADDRESS | 1326 SE VESTRIDGE LN | | STREET ADDRESS | | |
| CITY - ST - ZIP | PORT SAINT LUCIE FL 34952 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Hilma Whipple | |
| STREET ADDRESS | | | STREET ADDRESS | 13228 Harbour Ridge Blvd | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | Palm City FL 34990 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/5/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR