2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# 730568

Entity Name: KALEIDOSCOPE THEATRE, INCORPORATED

Current Principal Place of Business:

P.O. BOX 526
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 526
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 51-0192637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBSTER, MARGARET S
3182 WOODVALLEY RD
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

ANDERSON, ROSEMARIE W
2800 W. 30TH COURT
PANAMA CITY, FL 32405 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: ROSEMARIE ANDERSON 01/21/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEBSTER, JOHN
Address: 3182 WOODVALLEY RD
City-St-Zip: PANAMA CITY, FL 32405

Title: VD ( ) Delete
Name: ANDERSON, ROSE MARIE
Address: 2800 W 30TH CT
City-St-Zip: PANAMA CITY, FL 32405

Title: TD ( ) Delete
Name: WEBSTER, MARGARET S
Address: 3182 WOODVALLEY RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: RUDLOFF, PAM
Address: 2901 FAIRMONT DR
City-St-Zip: PANAMA CITY, FL 32405

Title: SD (X) Delete
Name: CARTER, LOIS
Address: 112 ALABAMA AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARTER, LOIS
Address: 112 ALABAMA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD (X) Change ( ) Addition
Name: NEWMAN, ANN
Address: 329 S. PALO ALTO AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD (X) Change ( ) Addition
Name: ANDERSON, ROSEMARIE W
Address: 2800 W. 30TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: SD (X) Change ( ) Addition
Name: HUBBARD, ELAINE
Address: 2026 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSEMARIE ANDERSON TD 01/21/2004
Electronic Signature of Signing Officer or Director Date