

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730568

FILED
May 17, 2006
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEBB, SUE
702 KENTUCKY AVE.
LYNN HAVEN, FL 32444 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S () Delete
Name: ANDERSON, ROSEMARIE W
Address: 2800 W. 30TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: WEBB, SUE
Address: 702 KENTUCKY AVE.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, SANDRA D
Address: 3002 WEST 21ST COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: VP (X) Change () Addition
Name: HAWK, LINDA
Address: 4502 VISTA LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S (X) Change () Addition
Name: CARTER, LOIS
Address: 112 ALABAMA AVE.
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 Chapter 119, 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: SUE WEBB

RA

05/17/2006

Electronic Signature of Signing Officer or Director

Date