FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 756878

1. Corporation Name

RED BARN ACTORS' STUDIO, INC.

Principal Place of Bu	isiness
319 DUVAL STREET	REAR
P. O. BOX 707	
KEY WEST FL 33040	

2. Principal Place of Business

Mailing Address

2a. Mailing Address

319 DUVAL STREET REAR P. O. BOX 707 KEY WEST FL 33040

FILED Feb 21, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

03/19/1981

[1]		Suite	Ant # etc			4. FEI Number			lied For	
Suite, Apt. i	4, etc.		Suite, Apt. #, etc.			59-2214641		Not	Applicable	
!2		27 Cib. 8	Cit. 8 Ctata				-	\$8.75 Ad	iditional	
City & State	•	28	City & State			5. Certificate of Status Desired Fee Required				
Zip	Country	Zip	Zip Country			6. Election Campaign Fina	ncing 🗔	\$5.00 N		
·	25	29	30]		Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent						10. Name and Address of	New Registered	Agent		
-				81	Name			•		
MCDONALD, MARILYN				82	82 Street Address (P.O. Box Number is Not Acceptable)					
3625 FLAGLER					Carociriadi		<u> </u>	· ·		
				83						
KEY WEST FL 33040				1			85 Zip Co	ode -		
				84	City	,	FL	85 Zip Co	, J	
44 5	to the provisions of Sections 617.0502	and 617 150s	8 Florida Statutes	the abov	e-named com	oration submits this statement	for the purpose of	changing its r	egistered	
						on's board of directors. I hereby	accept the appoi	intment as regi	istered	
agent. I a	m familiar with, and accept the obligation	ons of, Sectio	n 617.0503, Florida	a Statutes	5.				•	
SIGNATURE			NOTE P	nistand Acc	nt signature require	d when minetation)	DATE		 .	
	Signature, typed or printed name of registered agent OFFICERS AND			13.	it signature require	ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTOR	RS IN 12	
12.		DIRECTOR	DELETE	1,1 TITLE				Change	☐ Addition	
TITLE	VD		_, 022212		1				.]	
NAME	HAWKINS, JOY			1.2 NAME						
STREET ADDRESS	1304 SEMINARY		:	•	TADDRESS				.]	
CITY-ST-ZIP	KEY WEST FL			1.4 CITY-5	ST-ZIP	<u> </u>		Change	☐ Addition	
TITLE	STD		☐ DELETE	2.1 TITLE	ļ	Ü		□ Change		
NAME	MCDONALD, MARILYN			2.2 NAME	į					
STREET ADDRESS	3625 FLAGLER			2.3 STREE	TADDRESS					
CITY-ST-ZIP	KEY WEST FL			2. 4 CITY-	ST-ZIP				Addition	
TITLE	PD		□ DELETE	3.1 TITLE	-			Change	☐ Addition	
NAME	MCDONALD, GARY			3.2 NAME	Ì					
STREET ADDRESS	3625 FLAGLER		i	3.3 STREE	TADDRESS					
CITY-ST-ZIP	KEY WEST FL			3.4. CITY-	ST-ZIP					
TITLE			DELETE	4.1 TITLE				☐ Change	Addition	
NAME				4. 2 NAME					{	
STREET ADDRESS				4.3 STREE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY-	ST-ZIP			Change		
TITLE			DELETE	5.1 TITLE	I .			Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STRE	ET ADDRESS	•			j	
CITY-ST-ZIP				5.4 CITY-						
TITLE			☐ DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STRE	ET ADDRESS					
				6.4 CITY-	ST-ZIP					
14. I hereby	certify that the information supplied wit	h this filing do	es not qualify for th	ne exemp	tion stated in	Section 119.07(3)(i), Florida Sta	atutes. I further ce	rtify that the in	iformation ,	

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 at 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, with all other like empowered.

SIGNATURE: