

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20431** (5)

1. Corporation Name

THE CASE THEATRE INC.



Principal Place of Business

Mailing Address

9713 CARBONDALE DR. E. (32208)
P.O. BOX 40201
JACKSONVILLE FL 32203-0201
US

9713 CARBONDALE DR. E. (32208)
P.O. BOX 40201
JACKSONVILLE FL 32203-0201
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

HALL, EDIE
9713 CARBONDALE DR. E.
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/01/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2846588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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 ☒ No

10. Name and Address of New Registered Agent

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

Signature of the person or persons who registered the corporation

Signature of Agent (signature required when filing change)

Date

12 OFFICERS AND DIRECTORS

12	TITLE	PDC	☐ DELETE
	NAME	HALL, VALERIE A.	
	STREET ADDRESS	9713 CARBONDALE DR. E.	
	CITY, ST, ZIP	JACKSONVILLE FL	
	TITLE	VD	☐ DELETE
	NAME	FAIR, RICHARD	
	STREET ADDRESS	8090 ATLANTIC BLVD., F30	
	CITY, ST, ZIP	JACKSONVILLE FL	
	TITLE	TD	☐ DELETE
	NAME	HALL, EDIE	
	STREET ADDRESS	9713 E. CARBONDALE DRIVE	
	CITY, ST, ZIP	JACKSONVILLE FL	
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY, ST, ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY, ST, ZIP		

13 ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13	11 TITLE	☐ Change ☐ Addition
	12 NAME	
	13 STREET ADDRESS	
	14 CITY, ST, ZIP	
	21 TITLE	☐ Change ☐ Addition
	22 NAME	
	23 STREET ADDRESS	
	24 CITY, ST, ZIP	
	31 TITLE	☐ Change ☐ Addition
	32 NAME	
	33 STREET ADDRESS	
	34 CITY, ST, ZIP	
	41 TITLE	☐ Change ☐ Addition
	42 NAME	
	43 STREET ADDRESS	
	44 CITY, ST, ZIP	
	51 TITLE	☐ Change ☐ Addition
	52 NAME	
	53 STREET ADDRESS	
	54 CITY, ST, ZIP	
	61 TITLE	☐ Change ☐ Addition
	62 NAME	
	63 STREET ADDRESS	
	64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edie Hall Edie HALL

1/20/96 904 768 2318

CR2E037 (12/95)