

**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 # N43586 (9)**

1. Corporation Name  
**MARTIN THEATRE FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**209 HARRISON AVENUE PANAMA CITY FL 32401**

3. Date Incorporated or Qualified **05/23/1991** 3a. Date of Last Report **03/10/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-3072374</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CONNALLY, GLEN R.  
209 HARRISON AVENUE  
PANAMA CITY FL 32401**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 *Glen R. Connally* **Glen R. Connally** **February 22, 1996**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, SUE</b>	1.2 NAME	
STREET ADDRESS	<b>215 SOUTH COVE TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CRISP, DONALD</del>	2.2 NAME	<b>Tracy Johnstone</b>
STREET ADDRESS	<b>731 DRIFTWOOD DRIVE</b>	2.3 STREET ADDRESS	<b>547 Wahoo Rd.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	2.4 CITY-ST-ZIP	<b>Panama City Beach, FL. 32411</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHE, HUGH</b>	3.2 NAME	
STREET ADDRESS	<b>508 W. BALDWIN ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEMO, SCOTT</b>	4.2 NAME	
STREET ADDRESS	<b>2881 TUPELO DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, H. MACK</b>	5.2 NAME	
STREET ADDRESS	<b>715 BUENA VISTA BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWIGLER, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>324 BUNKERS COVE ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	6.4 CITY-ST-ZIP	

14. I do 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: *H. Mack Lewis* **H. Mack Lewis** **785-2554** **February 22, 1996**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)