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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N43586

1. Corporation Name

MARTIN THEATRE FOUNDATION, INC.

Principal Place of Business

Mailing Address

209 HARRISON AVENUE
 PANAMA CITY FL 32401

209 HARRISON AVENUE
 PANAMA CITY FL 32401



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **201 HARRISON AVENUE**

26 **P.O. Box 1124**

05/23/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3072374

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 **PANAMA CITY, FL**

28 **PANAMA CITY, FL**

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24 Zip Country

29 Zip Country

32401 USA

32402 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNALLY, GLEN R.
209 HARRISON AVENUE **201 HARRISON AVENUE**
PANAMA CITY FL 32401

81 Name

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

83

84 City

FL

85 Zip Code

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, 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 **D** DELETE
 NAME **HUMBOLDT, BRIAN**
 STREET ADDRESS **111 HARRISON AVE**
 CITY-ST-ZIP **PANAMA CITY FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **JOHNSTONE, TRACY**
 STREET ADDRESS **547 WAHOO RD**
 CITY-ST-ZIP **PANAMA CITY FL**

2.1 TITLE Change Addition
 2.2 NAME **MIDDLEMAS, L. WARREN JR.**
 2.3 STREET ADDRESS **303 HOLLIS AVENUE**
 2.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** DELETE
 NAME **KOEHNEMANN, ROB**
 STREET ADDRESS **445 GRACE AVE**
 CITY-ST-ZIP **PANAMA CITY FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **CLEMO, SCOTT**
 STREET ADDRESS **2881 TUPELO DR**
 CITY-ST-ZIP **PANAMA CITY FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **LEWIS, H. MACK**
 STREET ADDRESS **715 BUENA VISTA BLVD.**
 CITY-ST-ZIP **PANAMA CITY FL**

5.1 TITLE Change Addition
 5.2 NAME **ANDERSON, DON**
 5.3 STREET ADDRESS **526 BUNKERS COVE ROAD**
 5.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** DELETE
 NAME **COLLINS, BAYNE**
 STREET ADDRESS **465 HARRISON AVE**
 CITY-ST-ZIP **PANAMA CITY FL**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

785-0166

Daytime Phone #

CR2E037 (1/98)