

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003838 (0)

1. Corporation Name

ATLANTIC BEACH EXPERIMENTAL THEATRE, INC.



Principal Place of Business

Mailing Address

716 OCEAN BLVD.
 ATLANTIC BEACH FL 32233

1015 ATLANTIC BLVD., #175
 ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified 08/24/1993	3a. Date of Last Report 01/04/1995
4. FEI Number 59-3212409 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

GULLIFORD, WILLIAM I JR.
75 BEACH AVENUE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name Nancy H. Oakley
82 Street Address (P.O. Box Number is Not Acceptable) 54 Oceanside Drive
83
84 City Atlantic Beach
85 State FL
86 Zip Code 32233

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: *Nancy H. Oakley* *Treasurer* DATE: **8/7/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE MARtha REad	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GULLIFORD, WILLIAM I JR.		1.2 NAME President	
STREET ADDRESS 75 BEACH AVENUE		1.3 STREET ADDRESS 620 Ocean Blvd	
CITY - ST - ZIP ATLANTIC BEACH FL 32233		1.4 CITY - ST - ZIP Atlantic Beach, 71 32233	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BREAULT, RAY		2.2 NAME JACK BARNARD	
STREET ADDRESS 214 7TH STREET		2.3 STREET ADDRESS 1426 GlenGarry	
CITY - ST - ZIP ATLANTIC BEACH FL 32233		2.4 CITY - ST - ZIP JACKSONVILLE, 71 32207	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERTSON, BETH		3.2 NAME Nancy Oakley	
STREET ADDRESS 308 OCEAN BLVD		3.3 STREET ADDRESS 54 Oceanside DR	
CITY - ST - ZIP ATLANTIC BEACH FL 32233		3.4 CITY - ST - ZIP Atlantic Beach, 71 32233	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Nancy H. Oakley* **REQUIRED** DATE: **8/7/96** DAYTIME PHONE #: **904-241-2519**

CR2E037 (3/96)