

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 716 OCEAN BLVD. ATLANTIC BEACH FL 32233
Mailing Address: 1015 ATLANTIC BLVD., #175 ATLANTIC BEACH FL 32233-3313

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/24/1993	08/14/1996
22		27		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3212409	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	
24		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Zip		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OAKLEY, NANCY H JR. 54 OCEANSIDE BLVD. ATLANTIC BEACH FL 32233				81 Name	Regina A. Walker		
				82 Street Address (P.O. Box Number is Not Acceptable)	1748 Beach Avenue		
				83			
				84 City	Atlantic Beach	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: Regina A. Walker Treasurer DATE: 4/29/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	READ, MARTHA			1.2 NAME	Barnard, Jack		
STREET ADDRESS	020 OCEAN BLVD.			1.3 STREET ADDRESS	1426 Glengarry		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			1.4 CITY-ST-ZIP	Jacksonville, FL 32207	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNARD, JACK			2.2 NAME	Hayes, Grace		
STREET ADDRESS	1426 GLENGARRY			2.3 STREET ADDRESS	257 First Street		
CITY-ST-ZIP	JACKSONVILLE FL 32207			2.4 CITY-ST-ZIP	Atlantic Beach, FL 32233		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OAKLEY, NANCY			3.2 NAME	Walker, Regina		
STREET ADDRESS	54 OCEANSIDE DR.			3.3 STREET ADDRESS	1748 Beach Avenue		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			3.4 CITY-ST-ZIP	Atlantic Beach, FL 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 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.

SIGNATURE: Regina A. Walker DATE: 4/29/97 904-251-1505

CR2E037 (9/96)