FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #** N93000003838 (0)

FILED May 14 1998 8:00am Secretary of State

	TIC BEACH EXPERIMENTA	AL THEATRE, INC.							
716 OCEAN BLVD. 1015 ATLANTIC BLVD. #175 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233					3.	Date Incorporated or Qualified 08/24/1993		······································	
					4.	FEI Number		IA	pplied For
						<u>59-3212409</u>		N	ot Applicable
21	Place of Business	2a. Mailing Addre 26			5.	Certificate of Status Desired		T	Additional equired
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
City & Stat	te	City & State			7.	Is this nonprofit corporation a f		1	on?
Zip	Country	28 Zip		ountry	8.	This corporation owes or has p	aid the curre		
24	25	29	30			Personal Property Tax due Jun Name and Address of New R			No
	9. Name and Address of Curre	air ushistated Whall		81 Name	10.	H WEN ID ESCIUDA UILE CHIEF	Alerated V	Agun	
WALKER, REGINA A 1748 BEACH AVE: 10452 Pine huyst Drive ATLANTIC BEACH FL 32233 TACKSON VILLE, FL 32218						O. Box Number is Not Accepte	ble)		
				84 City			FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 617.05	00 and 617 1609. Florids	Statutes the	ebove named	corporation	eubmite this statement for the		hanging	te registered
office or i	to the provisions of Sections 617.05 registered agent, or both, in the Stalam familiar with, and accept the obli	te of Florida. Such chang gations of, Section 617.0	je was authoriz 503, Florida S	zed by the corp tatutes.	poration's b	oard of directors. I hereby acco	pt the appoi	intment as	s registered
SIGNATURE	Signature, typed or printed name of registered a	oant and title if applicable	(NOTE: Begiste	ered Agent signature	required when	reinstating)	DATE		
12.		ND DIRECTORS	13			DDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	PD	☐ DEL	ETE 1.1	TITLE	SP			Change	RS IN 12 Addition
NAME	BARNARD, JACK		1.2	NAME					
STREET ADDRESS) 1498 CHEMCADDV				Fran	K, Celia			[]
	1426 GLENGARRY		1.3	STREET ADDRESS	Fran 233	k, Celia 5 BarefootTro	محد	•	
CITY-ST-ZIP	JACKSONVILLE FL		1.4	STREET ADDRESS	Fran 233 AHO	k, Celia 5 BarefootTro ntic Beach, FL	3223	3	
TITLE	JACKSONVILLE FL	DEL	1.4 ETE 2.1	STREET ADDRESS CITY-ST-ZIP TITLE	Fran 233 AHO	k, Celia 5 BarefootTro ntic Beach, FL	3223: 	3 Change	☐ Addition
TITLE NAME	JACKSONVILLE FL SD HAYES, GRACE	DEL	1.4 ETE 2.1 2.2	STREET ADDRESS I CITY-ST-ZIP TITLE	Fran 233 AHO	k, Celia 5 BarefootTro ntic Beach, FL	3223: 	3 Change	
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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 an attachment with an address.

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