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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90079 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003838**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/24/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3212409
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WALKER, REGINA A  
 10452 PINEHURST DR  
 JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name **DOROTHY M. HALL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1478 W. CLASSIC OAK RD.**  
 83  
 84 City **JACKSONVILLE** FL 85 Zip Code **32225**

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 *South M. Hall* **DOROTHY M. HALL, TREASURER** DATE **2-12-99**

Signature, typed or photocopied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNARD, JACK	
STREET ADDRESS	1426 GLENGARRY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRANK, CELIA	
STREET ADDRESS	2335 BAREFOOT TRACE	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALKER, REGINA	
STREET ADDRESS	10452 PINEHURST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	<del>V/D</del>	<input type="checkbox"/> DELETE
NAME	<del>PAT PILMORE</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TAYLOR, JACK	
1.3 STREET ADDRESS	2221 BAREFOOT TRACE	
1.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WHITMAN, PATSY	
2.3 STREET ADDRESS	530 13TH AVE SOUTH	
2.4 CITY-ST-ZIP	JACKSONVILLE, BEACH, FL 32250	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOROTHY M. HALL	
3.3 STREET ADDRESS	1478 W. CLASSIC OAK RD.	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAT PILMORE	
4.3 STREET ADDRESS	995 CAMELIA ST.	
4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SOUTH M. HALL* **SIGNATURE REQUIRED** DATE: **3-12-99** DAYTIME PHONE #: **904-645-3374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dorothy M. HALL*

CR2E037 (11/98)