


**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90030 019 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N93000003838</b>					
1. Entity Name <b>ATLANTIC BEACH EXPERIMENTAL THEATRE, INC.</b>					
Principal Place of Business <b>716 OCEAN BLVD. ATLANTIC BEACH, FL 32233</b>			Mailing Address <b>1015 ATLANTIC BLVD, # 175 ATLANTIC BEACH, FL 32233</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01212004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-3212409</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCOTT, ANNE 208 SHELL BLUFF CT PONTE VEDRA BEACH, FL 32082</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Anne Scott</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-5-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAIDA, GEORGE</b>		NAME		
STREET ADDRESS	<b>884 EAST COAST DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTIC BEACH, FL 32223</b>		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PILLMORE, PAT</b>		NAME	<b>SD DEB HURM</b>	
STREET ADDRESS	<b>995 CAMELIA ST</b>		STREET ADDRESS	<b>1537 LANDING LANE</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH, FL 32233</b>		CITY-ST-ZIP	<b>NEPTUNE BEACH, FL 32266</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCMAHON, STEPEN</b>		NAME	<b>VD Amy CHERRY</b>	
STREET ADDRESS	<b>PO BOX 23821</b>		STREET ADDRESS	<b>347 ST AUGUSTINE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322413821</b>		CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Anne Scott</i></u>			DATE: <u>2-5-04</u> <i>Treas.</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

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