


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90055 008 ****61.25

DOCUMENT # N93000003838

1. Entity 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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3212409

Applied For
 Not Applicable

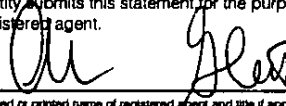
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARNARD, JACK
1426 GLENGARRY RD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
 Name **ALAN GLEIT**
 Street Address (P.O. Box Number is Not Acceptable)
10 TENTH STREET UNIT 32
 City **ATLANTIC BEACH FL** Zip Code **32233**

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  **ALAN GLEIT, TREASURER** DATE **Jan 7, 2007**

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

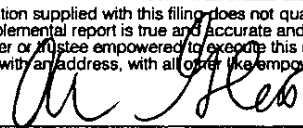
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHADWELL, PERCY	3308 QUEEN PALM DR	JACKSONVILLE, FL 32250	<input type="checkbox"/>
TD	BARNARD, JACK	1426 GLENGARRY RD	JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/>
VD	SCARBOROUGH, CHRIS	711 MARGARET STREET	JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	Gleit, Alan	10 Tenth Street, Unit 32	Atlantic Beach, FL 32233	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	MAIDA, George	884 East coast Drive	Atlantic Beach, FL 32233	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **ALAN GLEIT** DATE **Jan 7, 2007** DAYTIME PHONE # **904-241-9966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR