

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003838

FILED
Feb 17, 2010
Secretary of State

Entity Name: ATLANTIC BEACH EXPERIMENTAL THEATRE, INC.

Current Principal Place of Business:

716 OCEAN BLVD.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1015 ATLANTIC BLVD., #175
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3212409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEIT, ALAN
10 TENTH STREET UNIT 32
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RIGSBEE, CLIFF
Address: 118 FLEET LANDING BLVD.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD
Name: GLEIT, ALAN
Address: 10 TENTH STREET, UNIT 32
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: GLAZENER, BOB
Address: 1213 ZEPHYR WAY S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD
Name: HENNESSEY, MARGARET
Address: 2547 DAUPHINE CT E
City-St-Zip: PONTE VEDRA, FL 32082

Title: D
Name: BULL, JANE
Address: 404 SANIBEL COURT
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D
Name: HULETT, JUDY
Address: 506 BOWLES ST
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN GLEIT

TREA

02/17/2010

Electronic Signature of Signing Officer or Director

Date