

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719982

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE BARN THEATRE, INC.

Current Principal Place of Business:

2400 S.E. OCEAN BLVD.
P.O. BOX 1894
STUART, FL 34995

New Principal Place of Business:

2400 S.E. OCEAN BLVD.
STUART, FL 34995

Current Mailing Address:

2400 S.E. OCEAN BLVD.
P.O. BOX 1894
STUART, FL 34995

New Mailing Address:

2400 S.E. OCEAN BLVD
STUART, FL 34995

FEI Number: 23-7425604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER, THOMAS
1100 SOUTH FEDERAL HWY.
401 E. OSCEOLA STREET
STUART, FL 34994 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: P () Delete
Name: ELIOT RICE, RAY
Address: 903 OCEAN RD
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: COLOMBO, ANTHONY
Address: 8186 BLACKBEAD CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP () Delete
Name: LAWRENCE, MERILEE
Address: 572 NW WAVERLY CIR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: EVLO, ARLETTE
Address: 5324 SW AVILA CT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EULO, ARLETTE
Address: 5324 SW AVILA CT
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: A.COLOMBO

TRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date