

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 719982 (1)**

**1. Corporation Name  
THE BARN THEATRE, INC.**



**Principal Place of Business Mailing Address  
2400 S.E. OCEAN BLVD. 2400 S.E. OCEAN BLVD.  
P.O. BOX 1894 P.O. BOX 1894  
STUART FL 34995 STUART FL 34995-1894**

**3. Date Incorporated or Qualified 01/04/1971 3a. Date of Last Report 01/24/1996**

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>4.</b> FEI Number 23-7425604	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.	<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> City & State	<b>28</b> City & State	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Zip	<b>25</b> Country	<b>29</b> Zip	<b>30</b> Country
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent  
WARNER, THOMAS  
1100 SOUTH FEDERAL HWY.  
401 E. OSCEOLA STREET  
STUART FL 34994**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b> <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>SMALL, JEANNE V</b>
<b>STREET ADDRESS</b>	<b>800 N FORK RD., #6-10</b>
<b>CITY-ST-ZIP</b>	<b>STUART FL</b>
<b>TITLE</b>	<b>TD</b> <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>JACKSON, JAMES</b>
<b>STREET ADDRESS</b>	<b>3003 NE IVY LANE</b>
<b>CITY-ST-ZIP</b>	<b>JENSEN BEACH FL</b>
<b>TITLE</b>	<b>VD</b> <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>O'BRIEN, JAMES M</b>
<b>STREET ADDRESS</b>	<b>P O BOX 589</b>
<b>CITY-ST-ZIP</b>	<b>JUPITER FL</b>
<b>TITLE</b>	<b>S</b> <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>WYNNE, LAURIE</b>
<b>STREET ADDRESS</b>	<b>2488 NW HOLIDAY COURT</b>
<b>CITY-ST-ZIP</b>	<b>STUART FL</b>
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>BALZER, RAYMOND</b>
<b>STREET ADDRESS</b>	<b>311 TOWN TERRACE</b>
<b>CITY-ST-ZIP</b>	<b>JENSEN BEACH FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>ROBERT H. COY</b>
<b>1.3 STREET ADDRESS</b>	<b>1084 NW SPRUCE RIDGE DR</b>
<b>1.4 CITY-ST-ZIP</b>	<b>STUART FL 34994</b>
<b>2.1 TITLE</b>	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>SCOTT HERRING</b>
<b>2.3 STREET ADDRESS</b>	<b>361 GENESSE AVE</b>
<b>2.4 CITY-ST-ZIP</b>	<b>PORT ST LUCIE FL 34983</b>
<b>3.1 TITLE</b>	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>JOHN BOWLES</b>
<b>3.3 STREET ADDRESS</b>	<b>5303 SE SERENOA TERR</b>
<b>3.4 CITY-ST-ZIP</b>	<b>HOBE SOUND FL 33455</b>
<b>4.1 TITLE</b>	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>SCARLETT GRAVES</b>
<b>4.3 STREET ADDRESS</b>	<b>8103 PACSO ROBELES BLVD</b>
<b>4.4 CITY-ST-ZIP</b>	<b>FORT PIERCE FL 34951</b>
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**14. I do 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.**

**SIGNATURE:** *John Bowles* **John Bowles** **President** **01/07/97** **(561) 287-4884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072008

CR2E037 (9/96)