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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 01/04/1971

4. FEI Number: 23-7425604 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARNER, THOMAS 1100 SOUTH FEDERAL HWY. 401 E. OSCEOLA STREET STUART FL 34994	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROBERT H. COY		1.2 NAME	JOHN BOWLES	
STREET ADDRESS	1084 NW SPRUCE RIDGE DR.		1.3 STREET ADDRESS	117 HILLCREST DR	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	STUART FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT HERRING		2.2 NAME		
STREET ADDRESS	361 GENESSE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	JOHN BOWLES		3.2 NAME	LAURIE WYNNE	
STREET ADDRESS	5303 SE SERENOA TERRACE		3.3 STREET ADDRESS	2488 NW HOLIDAY COURT	
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP	STUART FL	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCARLETT GRAVES		4.2 NAME		
STREET ADDRESS	8103 PACSO ROBELES BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BALZER, RAYMOND		5.2 NAME		
STREET ADDRESS	311 TOWN TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 C. Bowles 1/14/98 561-287-4884