

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

**FILED**

**May 05 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 # 738989 (3)**

1. Corporation Name  
**OPEN THEATRE, INC.**



Principal Place of Business Mailing Address  
**1026 EDGEWOOD AVE. SOUTH JACKSONVILLE FL 32205**      **1026 EDGEWOOD AVE. SOUTH JACKSONVILLE FL 32205-5343**

3. Date Incorporated or Qualified **05/10/1977**      3a. Date of Last Report **05/20/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1802591</b>		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

**9. Name and Address of Current Registered Agent**

**MC CORMMICK EDWARD J  
1026 EDGEWOOD AVE. SO.  
JACKSONVILLE FL 32205**

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARNOLD, ANDREW</b>	
STREET ADDRESS	<b>2509 DAMS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCORMICK, EDWARD J.</b>	
STREET ADDRESS	<b>1026 EDGEWOOD AVE S.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DESIMONE, ANTHONY</b>	
STREET ADDRESS	<b>2957 AMELLIA DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ALICE LIVINGSTON</b>	
1.3 STREET ADDRESS	<b>11585 WINGATE ROAD</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32218</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CAROL DAVIS</b>	
2.3 STREET ADDRESS	<b>321 W. 6TH ST.</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>	
3.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CINDY BRYSON</b>	
3.3 STREET ADDRESS	<b>14879 YELLOW BLUFF ROAD</b>	
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32218</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 change.

**EDWARD J. MCCORMICK** *Edward J. McCormick*

CR2E037 (9/96)