

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000952

FILED
Apr 14, 2009
Secretary of State

Entity Name: MARTIN THEATRE, INC.

Current Principal Place of Business:

409 HARRISON AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

409 HARRISON AVE.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 30-0127559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMINIS, BARBARA
409 HARRISON AVE.
PANAMA CITY, FL 32401 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: D () Delete
Name: BAILEY, JIM
Address: 520 BECKRICH RD., GOLF VILLA 815
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: BARDACH, PETER M
Address: P.O. BOX 474
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: CHESHIRE, JULIE
Address: 463 SUDDUTH AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: TUNNELL, ELIZABETH MS
Address: 505 VIRGINIA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: M () Delete
Name: MCMINIS, BARBARA
Address: 613 MISSOURI AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MOORE, NANCY
Address: 1200 WEST BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401

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: MILES, KEVAN
Address: 17801 ASHLEY DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

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

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

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: BARBARA MCMINIS

M

04/14/2009

Electronic Signature of Signing Officer or Director

Date