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98 APR 29 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35918** (4)

1. Corporation Name

APPALACHIAN REPERTORY THEATRE, INC.

Principal Place of Business

Mailing Address

**694 SHERMAN PL.
KINGSPORT TN 37660**

**694 SHERMAN PL.
KINGSPORT TN 37660**

3. Date Incorporated or Qualified

01/02/1990

4. FEI Number

00-0000000 65 014 9212

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 **694 SHERMAN PL.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **694 SHERMAN PL.**
Suite, Apt. #, etc.

22 **N/A**

27 **N/A**

23 **KINGSPORT, TN**

28 **KINGSPORT TN**

24 **37660**

29 **37660**

25 **SULLIVAN**

30 **SULLIVAN**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORAN, MICHAEL
12645 5TH ST.
FT MYERS FL 33905**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DAVISON, ROBERT**
STREET ADDRESS **694 SHERMAN PL.**
CITY-ST-ZIP **KINGSPORT TN 37660**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **VENABLE, JAMES E**
STREET ADDRESS **2412 N. J.B. DENNIS HWY.**
CITY-ST-ZIP **KINGSPORT TN 37660**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **MICHELLE SMITH**
2.3 STREET ADDRESS **809 YADKIN ST.**
2.4 CITY-ST-ZIP **KINGSPORT, TN 37660**

TITLE **D** ☐ DELETE
NAME **CRAFT, TODD A**
STREET ADDRESS **17572 LEE HWY.**
CITY-ST-ZIP **ABINGDON VA 24210**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Robert D. Davison** **4/18/98** **423**
392 0412

CR2E037 (10/97)