FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 10 PM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43586 (9)

1. Corporation Name

MARTIN THEATRE FOUNDATION, INC.

Principal Place of Business	Mailing Address
209 HARRISON AVENUE PANAMA CITY FL 32401	209 HARRISON AVENUE PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1991
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3072374 ☐ 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 / Country 24 / 25	Zip / Country 29 / 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONNALLY, GLEN R. 209 HARRISON AVENUE PANAMA CITY FL 32401	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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	COOPER, SUE	1.2 NAME	Dr. John L. Fishel	
STREET ADDRESS	215 SOUTH COVE TERRACE	1.3 STREET ADDRESS	1321 Bayou Ct.	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL. 32401	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CRISP, DONALD R.	2.2 NAME		
STREET ADDRESS	731 DRIFTWOOD DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ROCHE, HUGH	3.2 NAME		
STREET ADDRESS	508 W. BALDWIN ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~LAYMON, JOHN N.~~	4.2 NAME	CLEMO, SCOTT	
STREET ADDRESS	~~960 ROSEMONT DRIVE~~	4.3 STREET ADDRESS	2881 TUPELO DR.	
CITY-ST-ZIP	~~PANAMA CITY FL.~~	4.4 CITY-ST-ZIP	PANAMA CITY, FL. 32405	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, H. MACK	5.2 NAME		
STREET ADDRESS	715 BUENA VISTA BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SWIGLER, DAVID	6.2 NAME		
STREET ADDRESS	324 BUNKERS COVE ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: H. Mack Lewis — H. MACK LEWIS — 3/7/95 — (904) 785-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000245B