

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90037 039 \*\*\*\*61.25

**DOCUMENT # N43586**

1. Entity Name  
**MARTIN THEATRE FOUNDATION, INC.**



Principal Place of Business  
**413 HARRISON AVE  
PANAMA CITY, FL 32401**

Mailing Address  
**PO BOX 1124  
PANAMA CITY, FL 32402**

**50026662**



**DO NOT WRITE IN THIS SPACE**

02052005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3072374**

Applied For  
Not Applicable

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

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

~~JACKSON, DAVID L~~ **Glick, DEBBIE S.**  
~~204 HARRISON AVE~~ **413 Harrison Ave.**  
**PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*[Signature]*

**3/9/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HUTCHISON, WARD
STREET ADDRESS	3229 COUNTRY CLUB DR.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	C
NAME	<del>DARRAH LIONN</del> <b>Hicks, DWIGHT</b>
STREET ADDRESS	<del>526 BUNKERS COVER ROAD</del> <b>413 Harrison Ave.</b>
CITY-ST-ZIP	<del>PANAMA CITY, FL 32401</del> <b>PANAMA City, FL 32401</b>
TITLE	T
NAME	KOEHNEMANN, ROB
STREET ADDRESS	445 GRACE AVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	SLOAN, TIM
STREET ADDRESS	2818 LONGLEAF RD.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	ANDERSON, DON
STREET ADDRESS	<del>526 BUNKERS COVER RD.</del> <b>413 Harrison Ave</b>
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	COLLINS, BAYNE
STREET ADDRESS	465 HARRISON AVE
CITY-ST-ZIP	PANAMA CITY, FL

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

*[Signature]*

**3/8/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #