## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9200000152 (0) 1. Corporation Name

THEATRE A LA CARTE, INC.

HILAH	NE A LA CARTE, INC.								
Principal Place of Business			Mailing Address				T DEFINION ON LANGE HIGH CONTRE CONTRE	AANN BANN AANN AANA	IIEOI DIIEO IIOI IOOI
2451 NUGGET LANE TALLAHASSEE FL 32303			2451 NUGGET LANE TALLAHASSEE FL 32303						
							<ol> <li>Date Incorporated or Qualified</li> <li>11/02/1992</li> </ol>	3a. Date of La 01/25	•
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-3138032		Not Applicable  75 Additional
22			27				5. Certificate of Status Desired	7	e Required
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zφ	Country		Zip Coun				8. This corporation has liability for intangible tax under s. 199.032,		
24	g. Name and Address of Curren	29	stared Asent	ared Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	g. Hame and Address of Curren	iii negi	stered water		81	Name	10. Name and Address of New He	gistereo Agent	
HUDST	EDIC D				82				
HURST, ERIC R 2451 NUGGET LANE						Street Addr	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303									
					84	City		FL 85	Zip Code
11. Pursuant to	o the provisions of Sections 617.050	2 and 6	17.1508, Florida Statuti	es, the abo	ve-r	named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing it	s registered office
familiar wit	h, and accept the obligations of, Sec	tion 617	'.0503, Florida Statutes	ea by trie i	corps	oranon's doar	rd or directors. I hereby accept the appo	ntment as register	eo agent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered agen OFFICERS AN			13.	Agen	t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	TORS IN 12
TITLE	P				11 TITLE		ASSAUGHO OF ANGLES TO COTTA	Chang	
NAME	HURST, ERIC			12 N	AME			-	
STREET ADDRESS	2451 NUGGET LN			1.3 STREET ADDRESS					
CITY - ST - ZIP	TALLAHASSEE FL 32303			14 CITY - ST - ZIP					
TITLE	V DE			2 1 TITLE				Chang	e 🗀 Addition
NAME	GORSUCH, CHRIS	_	221						
STREET ADDRESS	410 VICTORY GARDEN DR	F7	'			ADDRES\$			
CITY - ST - ZIP TITLE	TALLAHASSEE FL 32301	[ IDELETE	2 4 C			Change Addition			
NAME	FREESE, ROBERTA				AME				e [_] Addition
STREET ADDRESS	3718 ROCKBROOK CT					ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311			1		ST-ZIP			
THTLE	D	•	DELETE	4 1 Ti				☐ Chang	e 🔲 Addition
NAME	COLLETTI, CAROLINE			4 2 N	AME				
STREET ADDRESS	1541 BAUM RD			4.3 S	TREET	ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32311				TY-S	T-ZIP			
TITLE	D		DELETE	5 1 Ti				Chang	e 🗍 Addition
NAME OFFICE ADDRESS	WILHELM, GENEVIEVE			5 2 N					
STREET ADDRESS CITY+ST-ZIP	3224 STORRINGTON DRIVE TALLAHASSEE FL					ADDRESS			
TITLE	D	DELETE			TY-S' TLE	I-ZIP		☐ Chang	e 🔲 Addition
NAME	FREESE, SCOTT			62 N					
STREET ADDRESS	3718 ROCKBROOK CT					ADDRESS			
C-TY-ST-ZIP	TALLAHASSEE FL 32311			6.4 Cr	TY-S	I - 71P			
14. I do hereby	y certify that the information supplied	with this	s filing is Voluntarily furn	ished and	coes	not quality for	or the exemption stated in Section 119.0	7(3)(k), Florida Sta	tutes. I further
oath; that I appears in	am an officer or director of the corpo Block 12 or Block 13 if changed, or	oration of on an al	or supplementar ann or the receiver or truste ttagnment with an addr	uai report i e empowe ess.	s tru red t	o execute thi	or the exemption stated in Section 119.0 ite and that my signature shall have the s s report as required by Chapter 617, Flor	rida Statutes; and	s ir made under that my name

SIGNATURE: ENGLATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR PLANS OF SIGNING OFFICER OR DIRECTOR

585-6700