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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000629 (4)**

1. Corporation Name

THEATERIFFIC, INC.

Principal Place of Business

Mailing Address

PO BOX 1813
FLGLER BCH FL 32136
US

PO BOX 1813
FLGLER BCH FL 32136
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BAILEY, CAROL BAUER
105 BARRINGTON
PALM COAST FL 32137

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

58-2166152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

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

Carol Bauer Bailey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **KRONICK, MAXINE**
CITY-ST-ZIP **2042 SOUTH A1A**
FLGLER BEACH FL 32136

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **BAILEY, CAROL B**
CITY-ST-ZIP **105 BARRINGTON DR.**
PALM COAST FL 32137

TITLE ☐ DELETE

NAME **DTMD**
STREET ADDRESS **BAILEY, CAROL BAUER**
CITY-ST-ZIP **105 BARRINGTON**
PALM COAST FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DC**
1.3 STREET ADDRESS **MASIYAK, TAMMY**
1.4 CITY-ST-ZIP **28 RYDING LN**
PALM COAST FL 32164

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **MS**
2.3 STREET ADDRESS **BAILEY, CAROL BAUER**
2.4 CITY-ST-ZIP **105 BARRINGTON DR**
PALM COAST FL 32137

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **DT**
3.3 STREET ADDRESS **RAMSEYER, HARRIET**
3.4 CITY-ST-ZIP **10 CROSSBOW CT**
PALM COAST, FL 32137

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**
4.3 STREET ADDRESS **BRALLIER, PATTI**
4.4 CITY-ST-ZIP **138 WELLSTONE PALM COAST FL 32164**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**
5.3 STREET ADDRESS **STOEVER, KARIN**
5.4 CITY-ST-ZIP **13 CLEVELAND AV PALM COAST FL 32137**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**
6.3 STREET ADDRESS **JACKSON, CONNIE**
6.4 CITY-ST-ZIP **46B FARNSWORTH PALM COAST FL 32137**

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:

Carol Bauer Bailey Secretary **3/31/98** **904-445-1148**

CR2E037 (10/97)