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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004585 (4)

1. Corporation Name

THE B.E.T.A. CHILDREN'S THEATRE, INC.



Principal Place of Business

Mailing Address

538 EGLIN PKWY
FT WALTON BEACH FL 32547

538 EGLIN PKWY
FT WALTON BEACH FL 32547

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLSON, MARY K
90 BEAL PARKWAY NW
SUITE B
FT WALTON BEACH FL 32548

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 KERRIGAN, MICHELLE
STREET ADDRESS 538 EGLIN PKWY
CITY-ST-ZIP FT WALTON BEACH FL 32547

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STURGILL, RONDA
STREET ADDRESS 2563 LINWOOD RD
CITY-ST-ZIP FT WALTON BEACH FL 32547

21 TITLE ☒ Change ☒ Addition
22 NAME Add P with D
23 STREET ADDRESS Sturgill, Ronda
24 CITY-ST-ZIP 2563 Barron Court
Shalimar, FL 32579

TITLE D ☐ DELETE
NAME EDWARDS, TERI
STREET ADDRESS 66 LINWOOD RD
CITY-ST-ZIP FT WALTON BEACH FL 32547

31 TITLE ☐ Change ☒ Addition
32 NAME Add VP with D
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME T
43 STREET ADDRESS Edwards, Ronnie
44 CITY-ST-ZIP 66 Linwood Rd
Ft. Walton Beach, FL 32547

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME 100001846951
63 STREET ADDRESS -06/03/96--01015--019
64 CITY-ST-ZIP ***65.00

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)(k), 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: Teri Edwards, Director/V.P.

4/26/96

904-863-2382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)