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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

151-A EGLIN PKWY., N.E.  
FT WALTON BEACH FL 32548

Mailing Address

151-A EGLIN PKWY., N.E.  
FT WALTON BEACH FL 32548



2. Principal Place of Business

21 151-A Eglin Pkwy., N.E.

Suite, Apt. #, etc.

22

City & State

23 FT. WALTON BEACH, FL.

Zip

24 32548

Country

25 USA

2a. Mailing Address

26 151-A Eglin Pkwy., N.E.

Suite, Apt. #, etc.

27

City & State

28 FT. WALTON BEACH, FL.

Zip

29 32548

Country

30 USA

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3351355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

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 MARY K. POLSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KERRIGAN, MICHELLE  
STREET ADDRESS 538 EGLIN PKWY - address change  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE P/D  
NAME STURGILL, RONDA  
STREET ADDRESS 2563 BARRON ST.  
CITY-ST-ZIP SHALIMAR FL 32570

TITLE VP/D  
NAME EDWARDS, TERY  
STREET ADDRESS 66 LINWOOD RD  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE T  
NAME EDWARDS, RONNIE  
STREET ADDRESS 66 LINWOOD RD  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME KERRIGAN, MICHELLE  
1.3 STREET ADDRESS 352 Billfish Apt. #1  
1.4 CITY-ST-ZIP FT WALTON BEACH, FL. 32548

2.1 TITLE P/D  
2.2 NAME Hernandez, Lydia  
2.3 STREET ADDRESS 1281 N. Bayshore Dr.  
2.4 CITY-ST-ZIP Valparaiso, FL. 32580

3.1 TITLE D/C  
3.2 NAME BIGOT, SHARRON L.  
3.3 STREET ADDRESS 319 GARDNER DR.  
3.4 CITY-ST-ZIP FT. WALTON BEACH, FL. 32548

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)