


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90008 006 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000004585</b> ✓					
1. Corporation Name <b>THE B.E.T.A. CHILDREN'S THEATRE, INC.</b>					
Principal Place of Business 151-A EGLIN PKWY., N.E. FT WALTON BEACH FL 32548 US			Mailing Address 151-A EGLIN PKWY., N.E. FT WALTON BEACH FL 32548		
2. Principal Place of Business 21 <b>162 Brooks St. SE.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ft. Walton Beach, Fl.</b> Zip 24 <b>Fl. 32548</b> 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>09/22/1995</b> 4. FEI Number <b>59-3351355</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>KERRIGAN, MICHELLE</b> 151-A EGLIN PKWY., NE FT WALTON BEACH FL 32548			10. Name and Address of New Registered Agent 81 Name <b>Kerrigan, Michelle</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>162 Brooks St. S.E.</b> 83 <b>Ft. Walton Beach, Fl.</b> 84 City <b>FL</b> 85 Zip Code <b>32548</b>		
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 <i>Michelle Kerrigan</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>Sep. 10, 1999</b>					
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>KERRIGAN, MICHELLE</b> STREET ADDRESS <b>151-A EGLIN PKWY NE</b> - Address change CITY-ST-ZIP <b>FT WALTON BEACH FL 32548</b> TITLE <b>P/D</b> <input checked="" type="checkbox"/> DELETE NAME <b>HERNANDEZ, LYDIA</b> STREET ADDRESS <b>1281 N BAYSHORE DR</b> CITY-ST-ZIP <b>VALPARAISO FL</b> } <b>DELETE</b> TITLE <b>DC</b> <input type="checkbox"/> DELETE NAME <b>BIGOT, SHARRON L</b> STREET ADDRESS <b>319 GARDNER DR</b> CITY-ST-ZIP <b>FT WALTON BEACH FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>162 Brooks St. SE.</b> 1.4 CITY-ST-ZIP <b>Ft. Walton Beach, Fl. 32548</b> 2.1 TITLE <b>DC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>HAROLD REX ROUNTREE</b> 2.3 STREET ADDRESS <b>616 Mooney Rd.</b> 2.4 CITY-ST-ZIP <b>Ft. Walton Beach, Fl. 32548</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Michelle Kerrigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sep. 10* (850) 863-2382  
Date Daytime Phone #

CR2E037 (5/99)