2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90051 030 ****61.25

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1. Entity Name
The B.E.T.A. Children's Theatre, Inc.

Principal Place of Business	Mailing Address
95 Baybridge Gulf Breeze, Florida 32561	Ft. Walton Beach, Fl. 32548 770411

2. Principal Place of Business	3. Mailing Address
95 Baybridge	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze, Fl.	City & State
Zip: 32561 Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3351355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Michelle Kerrigan 95 Baybridge Gulf Breeze, Fl. 32561	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Michelle Kerrigan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Founder. ☐ Delete Michelle Kerrigan/Kerrigan, Michelle 95 Baybridge Gulf Breeze, Fl.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Executive Committee ☐ Delete Diane Lawson / Lawson, Diane 2378 Osprey Dr. Gulf Breeze, Fl. 32561	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Executive Committee ☐ Change ☑ Addition Lawson, Diane 2378 Osprey Dr. Gulf Breeze, Fl. 32561
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Executive Committee ☐ Delete Bigot, Sharron L. 319 Gardner Dr. Ft. Walton Beach, Fl. 32548	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Delete Fountree, Harold R 203-A McClure Dr Gulf Breeze, Fl. 32561	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Kerrigan, Exec. Committee Member April 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number (850) 934-6314