2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2014
Secretary of State
CC7610353165

DOCUMENT# 719982

Entity Name: THE BARN THEATRE, INC.

Current Principal Place of Business:

2400 S.E. OCEAN BLVD.
STUART, FL 34996

Current Mailing Address:

P.O. BOX 1894
STUART, FL 34995 US

FEI Number: 23-7425604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENNINGS, ROBERT L
306 S.E. DETROIT AVENUE
STUART, FL 34994 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BECKSTEAD, FRANCINE
Address	4665 SE CANDY LANE
City-State-Zip:	STUART FL 34997

Title	SECRETARY
Name	WEAVER, KATHLEEN
Address	4537 ARTESA WAY SOUTH
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VOLUNTEER VICE PRESIDENT
Name	HARTMAN, TERRI
Address	874 SW LIGHTHOUSE DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	ADMIN VICE PRESIDENT
Name	WHIPPLE, HILMA
Address	13316 NW MAPLEWOOD RD
City-State-Zip:	PALM CITY FL 34990

Title	TREASURER
Name	MONTGOMERY, JOHN P.
Address	1092 NETTLES BLVD
City-State-Zip:	JENSEN BEACH FL 34957

Title	MARKETING VICE PRESIDENT
Name	GAWEL, MAUREEN
Address	4372 SW OAKHAVEN
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	JENNINGS, ROBERT
Address	1177 SE PALM BEACH RD
City-State-Zip:	PORT ST LUCIE FL 34952

Title	THEATRICAL VICE PRESIDENT
Name	MAZZELLA, JEANETTE
Address	4621 SW GLEN ABBY CT
City-State-Zip:	PALM CITY FL 34990

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MONTGOMERY TREASURER 06/10/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LAWRENCE, MERILEE
Address	572 NW WAVERLY CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	DIRECTOR
Name	OVERTON, CAROL
Address	3680 SW SUNSET TRACE CIRCLE
City-State-Zip:	PALM CITY FL 34990