NONPROFIT CORPORATION ANNUAL REPORT 1996  DOCUMENT # 744858 (2)  THE LITTLE THEATER OF PALM COAST, INC.  Principal Place of Business BOX 352032 PALM COAST FL 32135-2032  PALM COAST FL 32135-2032  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 11/07/1978  4. FEI Number 59-1883034  Suite, Apt. #, etc. Suite, Apt. #, etc.  2. City & State 2. City & State 3. Country  2. Country  2. Finsi corporation has liability for intangible gas and a ded to Fees 24 Added to Fees 24 Added to Fees 24 App. 29 Added to Fees 24 Added to Fees 34 Added to Fees 35 Added Tees	SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)					
THE LITTLE THEATER OF PALM COAST, INC.  Principal Pace of Burn-sess  Masing Address Box 35002  Box	NO COF	NONPROFIT CORPORATION ANNUAL REPORT  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				
THE LITTLE THEATER OF PALM COAST, INC.  Principal Place of Business  Box 55002  Box 55002  Box 55002  Box 55002  Box 55002  Box 55002  2. Principal Place of Business  Box 55002  3. Date Incorporated of Qualified  Box 5500 May 5800 Management of Business of Box 5500 May 6870 Management of Business of Box 5500 Management of Business	DOCU	MENT # 7448	58 (2)			
Principal Place of Business  BOX 350002 PALM COAST FL 2015-2002  PALM C			M COAST, INC.			
BOX 35202 PALM COAST R. 32135-2002  8. Date incorporated or Qualified 18. Date of Leat Report 1/107/1978  2. Principal Place of Bouiness 2					I 1300) 1800 BADI AND	
PALM COAST FL 22135-2022    Principal Place of Business   2a. Mahing Address   4. FEI Number   06/20/1995	Principal Place of Business Mailing Address			T TOOTHA TOOM BEEN DIDER HOLD DIVER LOW DIGHT DIGHT DIGHT DIGHT DIGHT DIGHT DIGHT DIGHT DIGHT AND IT		
2. Principal Packs of Business 2. Mailing Address 3. Suite, Apt #, etc. 3. Suite, Apt #,	DOM DOLOGE					
Suite, Apt. #, etc.  2 Suite, Apt. #, etc.  3 Suite, Apt. #, etc.  2 Suite, Apt. #, etc.  3 Suite, Apt. #, etc.  4 Suite,	2 Principal D	Place of Puripage				
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.	21 Principal P	lace of business			50-1002024	
City & State  29  20  20  20  20  20  20  20  20  20		#, etc.	— — — — — — — — — — — — — — — — — — —		5. Certificate of Status Desired \$8.75 Additional	
Zip   Country   Zip   Country   Zip   Country   State   This corporation has liability for intangible tax under is 199 (302)		θ	City & State		6. Election Campaign Financing \$5.00 May Be	
CHUNENTO, VICHAEL D.  48 OLD KINGS PO NORTH  SUITE B  PALM COAST, PL.FL 32037  49 City Falm County File State Addiess (PQ. Box Number is Not Acceptable)  30 City Falm County File State Addiess (PQ. Box Number is Not Acceptable)  31. Pursuant to the provisions of Sciidae 617.0502 and 617.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered choice on the provisions of the control of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced in the county of the purpose of changing its registered deced by the corporations board of the purpose of changing its registered deced by the corporations board of the purpose of changing its registered deceded by the corporations board of the purpose of changing its registered deceded by the corporations board of the purpose of changing its registered deceded by the corporations board of the purpose of changing its registered deceded by the corporation board aper signature aperial aperial and the purpose of the purpose of changing its registered deceded by the corporation board aperial a	Zip <b>24</b>	25	Zip 3	¬ '	8. This corporation has liability for intangible tax under s. 199.032,	
CHUMENTO, MICHAEL D.  48 OLD KINGS PO NORTH  SUITE B.  PALM COAST, FI, FE 32037  48 City Edun Coast, FI, FE 32037  49 City Edun Coast, FI, FE 32037  49 City Edun Coast, FI, FE 32037  40 City Edun Coast, FI, FE 32037  40 City Edun Coast, FI, FE 32037  41 City Edun Coast, FI, FE 32037  42 City Edun Coast, FI, FE 32037  43 City Edun Coast, FI, FE 32037  44 City Edun Coast, FI, FE 32037  45 City Edun Coast, FI, FE 32037  46 City Edun Coast, FI, FE 32037  47 City Edun Coast, FI, FE 32037  48 City Edun Coast, FE 1 S 7 Code  FE 2 1 ST 1						
### B OLD KINGS PD NORTH SUITE B PALM COAST, FL FL 32037  ### City Felm Coast, FL FL Ball Felm Coast, F	CHIUMENTO, WICHAEL D. PA					
PALM COAST FL. FL 32037  11. Pursuant to the provisions of Specifies 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the drain agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the state of Florida. Statutes, and state of Florida. State of Florida	, 4B OLD KINGS RD NORTH					
11. Pursuant to the provisions of Speciate 617 0502 and 617 1508. Florida Statutes, the above-named corporations interinis the statement for the purpose of changing its registered office of the day agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the state of Florida. Statutes, and state of Florida. State	PALM COAST, FL FL 32037					
SIGNATURE    12.	FI 85 Zip Code					
SIGNATURE    12.	office of States and accept the appointment as registered agent. The state of Florida State of Society 8 617,0502 and 617,1508, Florida State of Society 8 617,0503. Florida State of Society 8 617,					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  PD  CREIGHTON, A. J  T FORRESTER PL  13. SIREET ADDRESS  T FUNDAME  14. CITY-ST-2P  PALM COAST FL  14. CITY-ST-2P  PALM COAST FL  15. SD  16. CITY-ST-2P  PALM COAST FL  17. ST-2P  PALM COAST FL  18. CITY-ST-2P  PAL					7/16/96	
TITLE PD	12.					
STREET ADDRESS 7 FORRESTER PL PALM COAST FL 13 STREET ADDRESS 14 CITY-ST-ZP PALM COAST FL 15 CHAPPE 15 CHAPPE 16 CHAPPE 17 CHAPPE 18 CHAPP	TITLE	PD		<del></del>	Change Addition	
CITY-ST-ZIP PALM COAST FL  INTE  VP  VP  VP  VP  Addition  Addition  Addition  Addition  AMME  LYDON, GLORIA  37 BAYSIDE DRIVE  37 BAYSIDE DRIVE  23 STREET ADDRESS  CITY-ST-ZIP  PALM COAST FL  14 CITY-ST-ZIP  ADELETE  21 TITLE  VP  Rho Add S , E / A , N E  23 STREET ADDRESS  37 BAYSIDE DRIVE  23 STREET ADDRESS  CITY-ST-ZIP  ADELETE  A				1.2 NAME	AUDON, GIOFIA	
TITLE VP  NAME LYDON, GLORIA  STREET ADDRESS  37 BAYSIDE DRIVE  PALM COAST FL  10  DELETE  11  DELETE  21 ITITE  PALM COAST FL  12 NAME  WARFIELD, JEAN  33 STREET ADDRESS  16 WEBB LANE  33 STREET ADDRESS  17 DELETE  34 CITY-ST-ZIP  PALM COAST FL  30 DELETE  31 TITLE  WARFIELD, JEAN  30 STREET ADDRESS  31 COAST FL  32 NAME  WARFIELD, JEAN  33 STREET ADDRESS  16 WEBB LANE  30 STREET ADDRESS  31 COAST FL  32 NAME  WARFIELD, JEAN  33 STREET ADDRESS  34 CITY-ST-ZIP  PALM COAST FL  34 CITY-ST-ZIP  PALM COAST FL  35 STREET ADDRESS  37 BOSTON LANE  41 STREET ADDRESS  THE  D  DELETE  18 CLAYMONT COURT S.  PALM COAST FL  19 CLAYMONT COURT S.  PALM COAST FL  10 CLAYMONT COURT S.  PALM COAST FL  10 CLAYMONT COURT S.  PALM COAST FL  10 CLAYMONT COURT S.  PALM COAST FL  11 CLAYMONT COURT S.  PALM COAST FL  10 CLAYMONT COURT S.  PALM COAST FL  11 CLAYMONT COURT S.  PALM COAST FL  11 CLAYMONT COURT S.  PALM COAST FL  11 CLAYMONT COURT S.  PALM COAST FL  12 NAME  14 Lide Needs yeerlift that the information supplied with this filting is voluntarilly furnished and steep on countility for the everyning stated in Section 110 CUANT S.  14 Lide Needs yeerlift that the information supplied with this filting is voluntarilly furnished and steep on countility for the everyning stated in Section 110 CUANT S.  14 Lide Needs yeerlift that the information supplied with this filting is voluntarilly furnished and steep on countility for the everyning stated in Section 110 CUANT S.  14 Lide Needs yeerlift that the information supplied with this filting is voluntarilly furnished and steep on countility for the everyning stated in Section 110 CUANT S.						
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STREET ADDRESS   37 BOSTON LANE   43 STREET ADDRESS   7 COOPER LANE   44 CITY-ST-ZIP   A I M COAST FL 32 187    TITLE   D			DELETE		SP M Change Addition	
CITY-ST-ZIP PALM COAST FL  17TILE  DAME  LEARY, DOROTHY  STREET ADDRESS  16 CLAYMONT COURT S.  CITY-ST-ZIP  PALM COAST FL 32 137  17TILE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  1.6 CLAYMONT COURT S.  CITY-ST-ZIP  PALM COAST FL 32 137  17TILE  DELETE  6.1 TITLE  1.2 Change  Addition  AMME  STREET ADDRESS  TREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 110 07(20/4). Example Stated in Section 11					7 CROPER LANE	
DELETE 5.1 TITLE 5.2 NAME  STREET ADDRESS PALM COAST FL 32137  ITTLE  NAME  LEARY, DOROTHY  16 CLAYMONT COURT S. PALM COAST FL 32137  DELETE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  6.4 TITLE  NAME  STREET ADDRESS  TOT/19/96—01014—016  6.3 STREET ADDRESS  CITY-ST-ZIP  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(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014). Florido State does not qualify for the exemption stated in Section 119 07(2014).	CITY-ST-ZIP	PALM COAST FL				
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DELETE   SACITY-ST-ZIP   CA		-			LEARLY, DERETRY	
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sertice 119.07(3)(b). Floride Stated on the series 11				l	Palm Coast El 20127	
NAME  STREET ADDRESS  CITY-SI-ZIP  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/W). Florido Statutos I			DELETE		Change Addition	
CITY-ST-ZIP ****61.25  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(2)(k). Florido Stated and				6.2 NAME	400001899064	
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 110.07(2)(k). Florido State do l	1					
	14. I do hereb	y certify that the information supplie	ed with this filing is voluntarily furnis	hed and does not	Quality for the exemption stated in Section 119 07(3)(k). Florida Statuton I	

Turther 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:

| SIGNATURE | SIGNA