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Jun 24 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 # **744858** **(2)**

1. Corporation Name

THE LITTLE THEATER OF PALM COAST, INC.

Principal Place of Business	Mailing Address
BOX 352032 PALM COAST FL 32135-2032	BOX 352032 PALM COAST FL 32135-2032

3. Date Incorporated or Qualified: 11/07/1978
3a. Date of Last Report: 07/19/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23:
City & State — 28:

Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1883034 ☐ 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

SCHROEDER, ROBERT CPA
1 FLORIDA PARK DRIVE S. SUITE 211
PALM COAST FL 32137

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LYDON, GLORIA		1.2 NAME	Jean Warfield	
STREET ADDRESS	37 BAYSIDE DR		1.3 STREET ADDRESS	16 Webb Lane	
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	RHOADES, ELAINE		2.2 NAME	Margaret D. Monohan	
STREET ADDRESS	37 BOSTON LANE		2.3 STREET ADDRESS	21Fairhill Lane	
CITY-ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	WARFIELD, JEAN		3.2 NAME	Sandra Kitterman	
STREET ADDRESS	16 WEBB LANE		3.3 STREET ADDRESS	2640 S. Central Avenue	
CITY-ST-ZIP	PALM COAST FL 32164		3.4 CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	HARKIN, OLIVE		4.2 NAME	Delores Werdermann	
STREET ADDRESS	7 COOPER LANE		4.3 STREET ADDRESS	25 Franciscan Lane	
CITY-ST-ZIP	PALM COAST FL 32137		4.4 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	D	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	LEARY, DOROTHY		5.2 NAME	Olive Harkins	
STREET ADDRESS	16 CLAYMONT COURT S.		5.3 STREET ADDRESS	7 Cooper Lane	
CITY-ST-ZIP	PALM COAST FL 32137		5.4 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE _____