DOCUMENT # 744858

1. Entity Name

THE LITTLE THEATER OF PALM COAST, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90048 015 ****70.00

Principal Place of Business	Mailing Address
P.O. BOX 35-2032 PALM COAST FL 32135-2032	P.O. BOX 35-2032 PALM COAST FL 32135-2032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1883034 ☐ 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
CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH SUITE B PALM COAST FL 32137	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD WARFIELD, JEAN 16 WEBB LANE PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWEENEY, GEROLD 5 CHINOOK PALM COAST, FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WOODS, BARBARA 38 OCEAN PALMS VILLAS S FLAGLER BEACH FL 32136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GESSERT, CHARLES 94 RAEMOOR DR PALM COAST, FL 32164	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRUNO, JOSEPH PO BOX 35-1128 PALM COAST FL 32135-1128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMPSON, WILLIAM 6 AVALON TERRACE PALM COAST, FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LYDON, GLORIA 37 BAYSIDE PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, OLIVE 7 COOPER LANE PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, GWEN 31 BUTTERMILL DR PALM COAST, FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 1-05-01 904-446-3730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #