2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90040 022 ****70.00

DOCUMENT # 744858

1. Entity Name

THE LITTLE THEATER OF PALM COAST, INC.

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

MOORE CR2E037 (11/03)

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

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWEENY, GERALD F 23 CENTURY LN PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT DYMAS 12 41 ARWOOD PL PALM COAST, FL 32164	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRESSERT, CHARLES 94 RAEMOOR DR PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GERALD SWEENY 23 CENTURY LN PALM COAST, FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CREIGHTON, CAROLE 7 FORRESTER PL PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WILLIAM SIMPSON 6 AVALON TERRACE PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, GWEN 21 BUTTERMILL DR PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CAROLE CREIGTON 7 FORRESTER PL PALM COAST, FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD REFOLO, ERNEST 51 FT LAROLINE DR PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBERSHIP CHAIRMAN JOAN REFOLO 51 FT CAROLINE LN PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCRIPTS + AUDITIONS DOROTHY MONAHAN 21 FAIRHILL LN PALM COAST, FL 32137	☐ Change ☒ Addition

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: William S. Simpson 2/11/04 386-246-3730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #