# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 13, 2005 8:00 am**
**Secretary of State**
05-13-2005 90226 016 ****61.25

DOCUMENT # **744858**

1. Entity Name

THE LITTLE THEATER OF PALM COAST, INC.

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

1st MOORE CR2E037 (10/04)

| 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, 2005**

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 | P<br>DYMAS, ROBERT<br>12 ULAWOOD PL<br>PALM COAST FL 32164 | ☐ Delete | P<br>JOHN SBORDONE<br>2 ROLLING PL<br>PALM COAST, FL 32164 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SWEENY, GERALD<br>83 CENTURY LN<br>PALM COAST FL 32137 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CREIGTON, CAROLE<br>7 FORRESTER PL<br>PALM COAST FL 32137 | ☒ Delete | S<br>SANDRA NURSE<br>175 BIRD OF PARADISE DR<br>PALM COAST FLA 32137 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SIMPSON, WILLIAM<br>6 AVALON TERRACE<br>PALM COAST FL 32137 | ☒ Delete | T<br>WILLIAM G KAMPF<br>52 PEBBLE BEACH DR<br>PALM COAST FLA 32164 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MC<br>REFOLO, JOAN<br>51 FT LAROLINE DR<br>PALM COAST FL 32137 | ☒ Delete | KATHRYN WEED<br>48 WESTFIELD LN<br>PALM COAST, FLA 32164 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SA<br>MONAHAN, DOROTHY<br>21 FAIRHILL LN<br>PALM COAST FL 32137 | ☒ Delete | SA<br>OLIVA BRAXTON<br>163 BIRD OF PARADISE DR<br>PALM COAST FLA 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 G Kampf WILLIAM G KAMPF 386-446-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #