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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04925

1. Corporation Name
THE LITTLE THEATRE OF OAKLAND PARK, INC.

498058 - 90006 - 20

Principal Place of Business	Mailing Address
1748 N.E. 36 ST. P.O. BOX 23904 FT. LAUDERDALE FL 33307	1748 N.E. 36 ST. P.O. BOX 23904 FT. LAUDERDALE FL 33307

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 08/30/1984

4. FEI Number: 59-2459175 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

LAVERATT, CHARLES J.
1748 N.E. 36 ST.
OAKLAND PK. FL 33334

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		☐ Change ☐ Addition
NAME	LAVERATT, MARY		1.2 NAME		
STREET ADDRESS	1748 NE 36TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, SANDY		2.2 NAME		
STREET ADDRESS	2112 CYPRESS BEND DR. S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VPTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, MARY FRANCES		3.2 NAME		
STREET ADDRESS	1725 NE 28 DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33334		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEE, MESSINA		4.2 NAME		
STREET ADDRESS	3000 NE 16 AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	FLETCHER,GERI		5.2 NAME	delete	
STREET ADDRESS	1831 NE 43 ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33308		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	ANGELA FIORE		6.2 NAME	Delete	
STREET ADDRESS	2845 NE 17TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33334		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Mary Laveratt PRES MARY LAVERATT 4/26/99 (954) 565 3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #