

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$393)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8: 27

DOCUMENT # 744858 (2)

1. Corporation Name
THE LITTLE THEATER OF PALM COAST, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/07/1978 03/10/1994
4. FEI Number Applied For
59-1883034 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Country 30 Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHIUMENTO, MICHAEL D.
4B OLD KINGS RD NORTH
SUITE B
PALM COAST, FL FL 32037**

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 officer 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, DONNA	12 NAME	A. JAMES CREIGHTON
STREET ADDRESS	7 CEDARFORD COURT	13 STREET ADDRESS	7 FORRESTER PL
CITY - ST - ZIP	PALM COURT FL	14 CITY - ST - ZIP	PALM COAST FL 32137
TITLE	VP	21 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGEN, JOYCE	22 NAME	GLORIA LYDON
STREET ADDRESS	P. O. BOX 351422	23 STREET ADDRESS	37 BAYSIDE DR
CITY - ST - ZIP	PALM COURT FL	24 CITY - ST - ZIP	PALM COAST FL 32137
TITLE	TD	31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEANE, DOROTHY	32 NAME	JEAN WARFIELD
STREET ADDRESS	1 FAIRWAYS CIRCLE	33 STREET ADDRESS	16 WEBB LN
CITY - ST - ZIP	PALM COAST FL 32137	34 CITY - ST - ZIP	PALM COAST FL 32137
TITLE	SD	41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, VIRGINIA	42 NAME	ELAINE RHOADES
STREET ADDRESS	27 FARRAGUT	43 STREET ADDRESS	37 BOSTON LA.
CITY - ST - ZIP	PALM COAST FL 32137	44 CITY - ST - ZIP	PALM COAST FL 32137
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEARY, DOROTHY	52 NAME	
STREET ADDRESS	18 CLAYMONT COURT S.	53 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL 32137	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: A. James Creighton A. JAMES CREIGHTON 6/14/95
Signature, typed or printed name of officer or director Date

1-904-2446-0772
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CR2E037 (3/95)