FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Num 755489
1. Corporation Name FEI # 59-6140228
Tallahassee Little Theatre, Inc.

1861 Thomasville Road, P.O. Box 3262, Tallahassee, Fl 32315-0262
Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/80
3a. Date of Last Report: 02/08/94
4. FEI Number: 59-6140228 — Applied For / Not Applicable
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 ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

	Principal Place of Business	Mailing Address
2. / 2a.	21 1861 Thomasville Road	26 P.O. Box 3262
Suite, Apt. #, etc	22	27
City & State	23 Tallahassee Fl	28 Tallahassee, Fl
Zip / Country	24 32315 / 25 USA	29 32315 / 30 USA

9. Name and Address of Current Registered Agent

Sherwin, Richard
616 Acorn Grove
Tallahassee, Fl 32312

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

*SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☑ Change ☐ Addition
TITLE *		11 TITLE	D President D	☑ Change ☐ Addition
NAME		12 NAME	Virginia Daire	
STREET ADDRESS		13 STREET ADDRESS	425 Williams Street	
CITY ST ZIP		14 CITY ST ZIP	Tallahassee, Fl 32303	
TITLE		21 TITLE	D 1st V. President D	☑ Change ☐ Addition
NAME		22 NAME	JoAnne Zmud	
STREET ADDRESS		23 STREET ADDRESS	3826 Longford Drive	
CITY ST ZIP		24 CITY ST ZIP	Tallahassee, Fl 32308	
TITLE		31 TITLE	D Secretary D	☑ Change ☐ Addition
NAME		32 NAME	Peggy West	
STREET ADDRESS		33 STREET ADDRESS	304 W 4th Avenue	
CITY ST ZIP		34 CITY ST ZIP	Tallahassee, Fl 32303	
TITLE		41 TITLE	D Treasurer D	☑ Change ☐ Addition
NAME		42 NAME	Kenneth Lowe, D	
STREET ADDRESS		43 STREET ADDRESS	425 Williams St	
CITY ST ZIP		44 CITY ST ZIP	Tallahassee, Fl 32303	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	900001488348	
STREET ADDRESS		53 STREET ADDRESS	-05/10/95--01107--025	
CITY ST ZIP		54 CITY ST ZIP	*****61.25 *****61.25	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	T.S. 5/9/95	

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 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.

SIGNATURE: Kenneth Lowe Kenneth Lowe 4-10-95 488-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #