FILE NOW: FILING FEE IS $61.25

FILED
Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **755489** **(2)**

1. Corporation Name

TALLAHASSEE LITTLE THEATRE,INC.

Principal Place of Business	Mailing Address
1861 THOMASVILLE RD. PO BOX 3262 TALLAHASSEE FL 32315-0262	P.O. BOX 3262 TALLAHASSEE FL 32315-3262

3. Date Incorporated or Qualified: **12/10/1980**
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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	VPD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	GRAVEL, NANCY		1.2 NAME	McMURTRY, JAMES M.	
STREET ADDRESS	2132 BURNT PINE LANE		1.3 STREET ADDRESS	1812 FERNANDO DR	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	P/D	☒ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	DAIRE, VIRGINIA		2.2 NAME	HOLLY THOMPSON	
STREET ADDRESS	425 WILLIAMS STREET		2.3 STREET ADDRESS	202 BRADFORD RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	WARBURTON, JANE		3.2 NAME	MARTHA STEWART	
STREET ADDRESS	1830 SUNSET LANE		3.3 STREET ADDRESS	1625 CENTERVILLE RD #5	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	INMAN-CREWS, DOROTHY		4.2 NAME	WILLIAM J. SEROW	
STREET ADDRESS	2121 TRESCOTT DRIVE		4.3 STREET ADDRESS	3033 GODFREY PLACE	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] JAMES M. McMURTRY 1/17/96 224-4597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0006825