# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# 755489

**Entity Name:** TALLAHASSEE LITTLE THEATRE,INC.

**Current Principal Place of Business:**

1861 THOMASVILLE RD.
PO BOX 3262
TALLAHASSEE, FL 323150262

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3262
TALLAHASEE, FL 32315

**New Mailing Address:**

**FEI Number: 59-6140228** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

USSERY, NORMAN
1346 TERRACE ST #2
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DOLLAR, JUNE
Address: 2015 DOOMAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete
Name: DEMELLO, BEV
Address: 3008 SHAMROCK ST NORTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: VERBOCY, DONALD
Address: 6300 S WINDWOOD HILLS CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: VPD ( ) Delete
Name: REILLY, CHRISTINE
Address: 3315 WHIRLAWAY TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD ( ) Delete
Name: GOODSON, KEVIN
Address: 1511 PINE STREET
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: NICKENS, KEVIN
Address: 1142 SPINNEY COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD (X) Change ( ) Addition
Name: HOEHN, DUNCAN
Address: 4208 KENSINGTON ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN NICKENS PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date