2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90026 035 ****61.25

DOCUMENT # 755489

1. Entity Name
TALLAHASSEE LITTLE THEATRE,INC.

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

401U6000

04252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	1861 Thomasville Road Suite, Apt. #, etc.
City & State	City & State: Tallahassee FL
Zip / Country	Zip: 32303-0262 Country: U.S

4. FEI Number: 59-6140228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GENE, GINGER
3759 DONOVAN DR
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name: NAOMI ROSE-MOCK
Street Address (P.O. Box Number is Not Acceptable): 304 LEXINGTON ROAD
City: TALLAHASSEE **FL** Zip Code: 32312

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NICKENS, KEVIN 1142 SPINNEY COURT TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRADY ENLOW 2015 Doomar Drive Tallahassee FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BILL, TOWNSEND 720 FOREST LAW TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARD SHERWIN 616 Acorn Grove Court Tallahassee FL 32312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHULIAN, MOISES 1861 THOMASVILLE RD TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RD RYAN BURK 3242 EARL DRIVE TALLAHASSEE FL 32309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD REILLY, CHRISTINE 3315 WHIRLAWAY TRAIL TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TED JUDD 1871 QUEENSWOOD Tallahassee FL32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WEST, PEGGY 1553 HEECHEE NENE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RICHARD NEVES 4803 Juniper Creek Road Quincy FL 32351	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/17/08 850-224-4597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #