2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755489

FILED Apr 24, 2009 Secretary of State

Entity Name: TALLAHASSEE LITTLE THEATRE, INC.

	rincipal Place	of Business:	New Principal Plac	e of Business:
	MASVILLE RD. SSEE, FL 3231	50262		
Current Mailing Address:		New Mailing Address:		
	MASVILLE RD SSEE, FL 3230	3		
El Number	: 59-6140228	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
304 LEXIN	OCK, NAOMI IGTON RD SSEE, FL 3231	2 US		
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,
SIGNATU	RE:			
	Electroni	ic Signature of Registered Age	nt	Date
OFFICER	Electroni S AND DIRECT			Date GES TO OFFICERS AND DIRECTOR
OFFICER Fitle: Name: Address: City-St-Zip:	S AND DIRECT	FORS: Delete Y N DR		
Γitle: √ame: √ddress:	PD () ENLOW, GRAD 22015 DONOVA TALLAHASSEE,	Delete Y N DR FL 32308 Delete HARD OVE CT	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () ENLOW, GRAD' 22015 DONOVA TALLAHASSEE, SD () SHERWIN, RICH 616 ACORN GR TALLAHASSEE,	Delete Y N DR FL 32308 Delete HARD OVE CT FL 32312 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () ENLOW, GRADY 22015 DONOVA TALLAHASSEE, SD () SHERWIN, RICH 616 ACORN GR TALLAHASSEE, TD () BURK, RYAN 3242 EARL DR TALLAHASSEE,	Delete Y N DR FL 32308 Delete HARD OVE CT FL 32312 Delete FL 32309 Delete VOOD	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NAOMI ROSE-MOCK ED 04/24/2009