

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **762377** (0)
1. Corporation Name
HIGHLANDS LITTLE THEATRE, INC.



Principal Place of Business: P.O. BOX 691 SEBRING FL 33871-0691
Mailing Address: P.O. BOX 691 SEBRING FL 33871-0691

3. Date incorporated or Qualified: **03/10/1982**
3a. Date of Last Report: **02/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OBERHAUSEN FRANK C JR. 241 SOUTH COMMERCE AVENUE SEBRING FL 33870				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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, JANET	1.2 NAME	
STREET ADDRESS	1644 HOIYEE	1.3 STREET ADDRESS	527 S. Pine
CITY - ST - ZIP	SEBRING-FL	1.4 CITY - ST - ZIP	Sebring, FL. 33870
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVLOCK, MILLEE	2.2 NAME	Melanie Angus
STREET ADDRESS	5535 US 27 S	2.3 STREET ADDRESS	358 Oak Ave. Apt. B
CITY - ST - ZIP	SEBRING-FL-00000	2.4 CITY - ST - ZIP	Sebring, FL. 33870
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, WILLIAM	3.2 NAME	Margaret Pollard
STREET ADDRESS	4800 HAW-BRANCH RD	3.3 STREET ADDRESS	2090 N. Morningside Rd.
CITY - ST - ZIP	SEBRING-FL	3.4 CITY - ST - ZIP	Avon Park, FL. 33825
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, MARGARET	4.2 NAME	Frank C. Oberhausen, Jr.
STREET ADDRESS	267 NE LAKEVIEW DR. APT 12	4.3 STREET ADDRESS	241 S. Commerce Ave.
CITY - ST - ZIP	SEBRING FL	4.4 CITY - ST - ZIP	Sebring, FL. 33870
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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]* **2/27/96** **941-382-3127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)