

FILE NOW: FILING FEE IS \$61.25

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**Jan 31 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 # 762377 (0)

1. Corporation Name
HIGHLANDS LITTLE THEATRE, INC.



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

3. Date Incorporated or Qualified **03/10/1982** 3a. Date of Last Report **03/04/1996**

| | | | |
|---------------------------------|------------------------|--|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-1211648 | Applied For <input type="checkbox"/> Not Applicable |
| 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 Country | 29. Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALDRON, JANET | 1.2 NAME | |
| STREET ADDRESS | 527 SOUTH PINE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANGUS, MELANIE | 2.2 NAME | VD |
| STREET ADDRESS | 358 OAK AVENUE, APT. B | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | POLLARD, MARGARET | 3.2 NAME | Helen Stefania |
| STREET ADDRESS | 2090 NORTH MORNINGSIDE ROAD | 3.3 STREET ADDRESS | 1721 Myrtle Ave. |
| CITY-ST-ZIP | AVON PARK FL | 3.4 CITY-ST-ZIP | Sebring, Fl. 33870 |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OBERHAUSEN, FRANK C JR | 4.2 NAME | PD |
| STREET ADDRESS | 241 SOUTH COMMERCE AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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: _____ DATE: **1-17-97** DAYTIME PHONE: **941-382-3127**

CR2E037 (9/96)