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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-1211648
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields for City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
OBERHAUSEN, FRANK C JR
241 SOUTH COMMERCE AVENUE
SEBRING FL 33870

10. Name and Address of New Registered Agent
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
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	VD	2.1 TITLE	VD
NAME	ANGUS, MELANIE	2.2 NAME	Gloria Coffey
STREET ADDRESS	358 OAK AVENUE, APT. B	2.3 STREET ADDRESS	2924 Haddock Dr.
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	SD	3.1 TITLE	SD
NAME	STAFANIS, HELEN	3.2 NAME	Teri Lovellette
STREET ADDRESS	1721 MYRTLE AVE	3.3 STREET ADDRESS	5831 Golden Rd.
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	VD	4.1 TITLE	PD
NAME	OBERHAUSEN, FRANK C JR	4.2 NAME	
STREET ADDRESS	241 SOUTH COMMERCE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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 _____

CR2E037 (10/97)