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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 762377

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

03/10/1982

4. FEI Number

59-1211648

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** DELETE
 NAME **WALDRON, JANET**
 STREET ADDRESS **527 SOUTH PINE**
 CITY-ST-ZIP **SEBRING FL**

TITLE **VD** DELETE
 NAME **COFFEY, G**
 STREET ADDRESS **2924 HADDOCK D**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **SD** DELETE
 NAME **LOVELETTE, T**
 STREET ADDRESS **5831 GOLDEN RD**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE **PD** DELETE
 NAME **OBERHAUSEN, FRANK C JR**
 STREET ADDRESS **241 SOUTH COMMERCE AVENUE**
 CITY-ST-ZIP **SEBRING FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **PD**
 4.3 STREET ADDRESS **Pollard, Peter H.**
 4.4 CITY-ST-ZIP **368 S. Commerce Ave. Sebring, Fl. 33870**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Janet Waldron* **SIGNATURE REQUIRED** WALDRON

1-15-99

941-382-5976

CRZE037 (11/98)