


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90393 004 \*\*\*\*61.25

**DOCUMENT # 762377**  
 1. Entity Name  
**HIGHLANDS LITTLE THEATRE, INC.**



Principal Place of Business  
 356 WEST CENTER AVENUE  
 SEBRING, FL 33870

Mailing Address  
 P.O. BOX 691  
 SEBRING, FL 33871-0691



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-1211648**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THOMAS, LISA**  
**1738 MYRTLE AVENUE**  
**SEBRING, FL 33870**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	ELLIOTT, HOLLY	
STREET ADDRESS	374 CATFISH CREEK ROAD	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LOGSDON, MICHAEL	
STREET ADDRESS	265 MCCOY ROAD	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUTTER, JUDY	
STREET ADDRESS	308 WREN AVENUE	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, LISA	
STREET ADDRESS	1738 MYRTLE AVENUE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDIE GARNICH	
STREET ADDRESS	112 ZODIAC	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTY YOUNG	
STREET ADDRESS	1731 EVANGELINE AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Thomas LISA THOMAS 4/28/04 863 382 1991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #