


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90007 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1211648	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCOLLUM, JAMES F 129 S COMMERCE AVE SEBRING, FL 33870				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	ELLIOTT, HOLLY	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		374 CATFISH CREEK ROAD		NAME	PRESIDENT
STREET ADDRESS		LAKE PLACID, FL 33852		STREET ADDRESS	MELANIE BOLLAY
CITY-ST-ZIP				CITY-ST-ZIP	4117 SANTIAGO ST
TITLE	VPD	GARNICH, GOLDIE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		112 ZODIAC		NAME	VICE PRESIDENT
STREET ADDRESS		SEBRING, FL 33876		STREET ADDRESS	PATY YOUNG
CITY-ST-ZIP				CITY-ST-ZIP	1731 EVAGELINE AV
TITLE	SD	YOUNG, PATTY	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1731 EVAGELINE AVE.		NAME	SECRETARY
STREET ADDRESS		SEBRING, FL 33870		STREET ADDRESS	JENNIFER WESTERLON
CITY-ST-ZIP				CITY-ST-ZIP	4006 LAKE HAVEN BLVD
TITLE	TD	THOMAS, LISA	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1738 MYRTLE AVENUE		NAME	TREASURER
STREET ADDRESS		SEBRING, FL 33870		STREET ADDRESS	GLENN FOWLER
CITY-ST-ZIP				CITY-ST-ZIP	PO BOX 1316
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Glenn Fowler Treasurer</i>				7-9-06 (865) 386-4440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	