

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762377

FILED
Jan 23, 2008
Secretary of State

Entity Name: HIGHLANDS LITTLE THEATRE, INC.

Current Principal Place of Business:

356 WEST CENTER AVENUE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 691
SEBRING, FL 338710691

New Mailing Address:

FEI Number: 59-1211648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM, JAMES F
129 S COMMERCE AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOULAY, MELANIE
Address: 4117 SANTIAGO ST.
City-St-Zip: SEBRING, FL 33872

Title: S () Delete
Name: WESTERGOM, JENNIFER
Address: 4006 LACE HAVEN BLVD.
City-St-Zip: SEBRING, FL 33875

Title: VP () Delete
Name: YOUNG, PATTY
Address: 1731 EVAGELINE AVE.
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: MIRIAJI, DENISE
Address: 5605 OAK BEND AV
City-St-Zip: SEBRING, FL 338765910

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WESTERGOM, JENNIFER
Address: 4006 LAKE HAVEN BLVD.
City-St-Zip: SEBRING, FL 33875

Title: VP (X) Change () Addition
Name: MORRIS, LORAIN
Address: 513 E CENTER AV
City-St-Zip: SEBRING, FL 33870

Title: T (X) Change () Addition
Name: POLLARD, PETER
Address: PO BOX 2083
City-St-Zip: SEBRING, FL 33870

Title: MGR () Change (X) Addition
Name: LOGSDON, VANESSA
Address: 265 MCCOY RD
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANESSA LOGSDON

MGR

01/23/2008

Electronic Signature of Signing Officer or Director

Date