

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762377

FILED  
Jan 22, 2009  
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 LAKE HAVEN BLVD.  
City-St-Zip: SEBRING, FL 33875

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: POLLARD, PETE  
Address: PO BOX 2083  
City-St-Zip: SEBRING, FL 33871

Title: S (X) Change ( ) Addition  
Name: YOUNG, PATTY  
Address: 1731 EVANGELINE AV  
City-St-Zip: SEBRING, FL 33870

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

Title: T (X) Change ( ) Addition  
Name: COSS, KEN  
Address: 3805 DIVOT DR  
City-St-Zip: SEBRING, FL 33872

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

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

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date