FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:07

DOCUMENT # 767129 (0)

1. Corporation Name
LITTLE THEATRE OF NEW SMYRNA BEACH, INCORPORATED

Principal Place of Business	Mailing Address
726 THIRD AVE. P.O. BOX 114 NEW SMYRNA BEACH FL 32170	726 THIRD AVE. P.O. BOX 114 NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2173307 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KENNY, EDWARD T.
1833 N. PENINSULAR AVENUE
NEW SMYRNA BEACH FL 32069

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, KARIN	1.2 NAME		
STREET ADDRESS	511 S. ATLANTIC AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	NIEMYER, ROBERT	2.2 NAME	HALE, JANIE	
STREET ADDRESS	4646 S ATLANTIC AVE	2.3 STREET ADDRESS	565 N. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	JONES, BIDDY	3.2 NAME	HUGHES, DOTTIE	
STREET ADDRESS	106 VIA DUOMO	3.3 STREET ADDRESS	205 OCEAN DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, DAVID	4.2 NAME		
STREET ADDRESS	511 S. ATLANTIC AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE	P	☒ Change ☐ Addition
NAME	MEEKER, THELMA	5.2 NAME	ROEHRBORN, BILL	
STREET ADDRESS	1415 UMBRELLA TR DR.	5.3 STREET ADDRESS	205 OCEAN DR.	
CITY-ST-ZIP	EDGEWATER FL	5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	STEINMETZ, JANE	6.2 NAME	DICKINSON, CAMILLE	
STREET ADDRESS	1620 N. ATLANTIC AVE.	6.3 STREET ADDRESS	4238 SUN VILLAGE CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: W.R. Roehrborn 3/14/95 904-423-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. R. ROEHRBORN, PRESIDENT

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