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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32170-0114

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LOVE, BIANCA		1.2 NAME	MONNIER, MARY	
STREET ADDRESS	305 S PENINSULA		1.3 STREET ADDRESS	808 E 23RD AV	
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	HALE, JANIE		2.2 NAME	PETERS, CARLTON	
STREET ADDRESS	565 N. ATLANTIC AVE		2.3 STREET ADDRESS	607 OCEAN AV	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAIBR, DEBRA		3.2 NAME		
STREET ADDRESS	4160 SAXON DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANFIELD, RICHARD M		4.2 NAME		
STREET ADDRESS	918 FIRST AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROEHRBORN, BILL		5.2 NAME		
STREET ADDRESS	205 OCEAN DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LEWIS, EARLENE		6.2 NAME	O'NEAL, MARILYN	
STREET ADDRESS	1204 N PENINSULA		6.3 STREET ADDRESS	5275 S ATLANTIC AV #508	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Richard M. Canfield (RICHARD M. CANFIELD) 4/24/97 904-427-4864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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