SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 10 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 02/23/1983
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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: Hal Spence, Esq.
82 Street Address (P.O. Box Number Is Not Acceptable): 221 N. Causeway
83
84 City: New Smyrna Beach FL 85 Zip Code: 32169

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: Hal Spence 9/2/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	MONNIER, MARY		1.2 NAME	Neil Griffin	
STREET ADDRESS	808 E. 23RD AVE		1.3 STREET ADDRESS	2202 India Palm Drive	
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	VP	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	PETERS, CARLTON		2.2 NAME		
STREET ADDRESS	607 OLEAN AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	32169	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	LAIBR, DEBRA		3.2 NAME	Jane Taylor	
STREET ADDRESS	4160 SAXON DR		3.3 STREET ADDRESS	827 Evergreen	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	CANFIELD, RICHARD M		4.2 NAME	Dottie Hughes	
STREET ADDRESS	918 FIRST AVE		4.3 STREET ADDRESS	205 Ocean Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	P	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ROEHRBORN, BILL		5.2 NAME	Nancy McCormick	
STREET ADDRESS	205 OCEAN DR.		5.3 STREET ADDRESS	126 New Hampshire Avenue	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		5.4 CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	O'NEAL, MARILYN		6.2 NAME	Debbi Zill	
STREET ADDRESS	5275 S. ATLANTIC AVE., #508		6.3 STREET ADDRESS	704 Francis Avenue	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	

CR2E037 (5/98)

14. I 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: Debbie Hughes 9/1/98 904-423-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #