

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767129

FILED
Jan 22, 2008
Secretary of State

Entity Name: LITTLE THEATRE OF NEW SMYRNA BEACH, INCORPORATED

Current Principal Place of Business:

726 THIRD AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 114
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2173307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCE, HAL E
221 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169 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: TRES () Delete
Name: CAMPBELL, DON
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: DIR () Delete
Name: LINN, NANCY
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: SEC () Delete
Name: WINOKUR, HARRIET
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: PRES () Delete
Name: COOK, BILL
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: DIR () Delete
Name: BRIGGS, AGNES
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: DIR () Delete
Name: KEYES, ESTIE
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CAMPBELL, DON
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: TRES (X) Change () Addition
Name: LINN, HAL
Address: PO BOX 114
City-St-Zip: NEW SMYRNA BEACH, FL 32170

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

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

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

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: BILL COOK

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date