2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 767129

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:	VP	( ) Delete
Name:	CAMPBELL, DON	
Address:	PO BOX 114	
City-St-Zip:	NEW SMYRNA BEACH, FL 32170	
Title:	TRES	( ) Delete
Name:	LINN, HAL	
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:		( ) 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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DIR	(X) Change ( ) Addition
Name:	PACK, TED	
Address:	PO BOX 114	
City-St-Zip:	NEW SMYRNA BEACH, FL 32170	

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: WILLIAM D. COOK PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date