

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90114 012 ****61.25

DOCUMENT # 767129

1. Entity Name

LITTLE THEATRE OF NEW SMYRNA BEACH, INCORPORATED



Principal Place of Business

**726 THIRD AVE.
P.O. BOX 114
NEW SMYRNA BEACH FL 32170**

Mailing Address

**726 THIRD AVE.
P.O. BOX 114
NEW SMYRNA BEACH FL 32170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2173307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPENCE, HAL E
221 N CAUSEWAY
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**
NAME **KEYES, ESTIE** ☐ Delete
STREET ADDRESS **2401 S ATLANTIC, #C-205**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D**
NAME **ROSE DINGAS** ☐ Change ☒ Addition
STREET ADDRESS **107 AZALEA ROAD**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **D**
NAME **ZILL, DEBBI** ☒ Delete
STREET ADDRESS **704 FRANCIS AVENUE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D**
NAME **DON CAMPBELL** ☐ Change ☒ Addition
STREET ADDRESS **17 OAK TREE DR.**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **BV**
NAME **LINN, NANCY** ☐ Delete
STREET ADDRESS **1 LAKE FAIRGREEN CIRCLE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D**
NAME **MARJORIE ORLICH** ☐ Change ☒ Addition
STREET ADDRESS **506 MAGNOLIA ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **P**
NAME **HUGHES, DOTTIE** ☐ Delete
STREET ADDRESS **205 OCEAN DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T**
NAME **DICKINSON, CAMILLE** ☐ Delete
STREET ADDRESS **4238 SUN VILLAGE COURT**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V**
NAME **WAWRZONEK, SHELLEY** ☒ Delete
STREET ADDRESS **607 TURNSTONE TRACE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Estie Keyes, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

386-423-1148

CR2E037 (10/02)