

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90063 020 ****61.25

DOCUMENT # C10013

1. Entity Name

ST. PETERSBURG LITTLE THEATRE, INCORPORATED



Principal Place of Business

4025 31ST STREET SOUTH
ST PETERSBURG FL 33712

Mailing Address

4025 31ST STREET SOUTH
ST PETERSBURG FL 33712

50009861



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1006406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZBERG, MICHAEL
5428 1ST AVENUE NORTH
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name **FONS, GLENN**

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

SAFETY HARBOR

City

FL Zip Code **34695**

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

GLENN FONS

PRESIDENT

28 JAN 05

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
Due By May 1, 2005

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

TITLE	P	Delete
NAME	SCHWARTZBERG, MICHAEL	
STREET ADDRESS	5428 1ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	VP	Delete
NAME	TRAYLOR, RICHARD	
STREET ADDRESS	3825 CORTEZ WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	VP	Delete
NAME	FONS, GLENN	
STREET ADDRESS	142 KENDALE DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	Delete
NAME	WEHRMAN, NANCY	
STREET ADDRESS	16357 REDDINGTON DRIVE	
CITY-ST-ZIP	REDDINGTON BEACH FL 33708	
TITLE	T	Delete
NAME	WHITE, CHRISTINE	
STREET ADDRESS	5155 34TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	Delete
NAME	MOSS, TRACY	
STREET ADDRESS	300 2ND AVENUE NORTH	
CITY-ST-ZIP	TIERRA VERDE FL 33715	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Change	Addition
NAME	FONS, GLENN		
STREET ADDRESS	142 KENDALE DRIVE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	Change	Addition
NAME	COOK, BRUCE		
STREET ADDRESS	1243 DARLINGTON OAK CIRCLE NE		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		
TITLE	S	Change	Addition
NAME	LYKINS, LORRIE		
STREET ADDRESS	5794 HILLSIDE STREET		
CITY-ST-ZIP	SEMINOLE, FL 33772		
TITLE	T	Change	Addition
NAME	WEHRMAN, NANCY		
STREET ADDRESS	16357 REDINGTON DRIVE		
CITY-ST-ZIP	REDINGTON BEACH, FL		
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: *Glenn R. Fons* **Glenn R. Fons**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 **813-891-6882**

Date

Daytime Phone #