FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001605 (5)

1. Corporation Name

OFF BROADWAY LITTLE THEATRE, INC.

Principal Place of Business	Mailing Address
19788 SW 85 LN DUNNELLON FL 34432	19788 SW 85 LN DUNNELLON FL 34432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1993**
3a. Date of Last Report: **07/08/1994**
4. FEI Number: **59-3226544** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

CAMPBELL, LEONARD
18329 SW 69TH LOOP
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name: Stephen Lavery
82 Street Address (P.O. Box Number is Not Acceptable): Asbury Avenue
83 City: Dunnellon 34430
84 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephen Lavery — DATE: 4/4/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	YARBOROUGH, VICTOR A	1.2 NAME	
STREET ADDRESS	19788 SW 85 LN	1.3 STREET ADDRESS	400001452634
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	-04/10/95--01105--003
TITLE	DS	2.1 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	STUTZMAN, BETTY	2.2 NAME	
STREET ADDRESS	RT 5 BOX 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, ROLANDIA	3.2 NAME	
STREET ADDRESS	11150 ROLLING HILLS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	SZOST, GEORGIANNA	4.2 NAME	
STREET ADDRESS	5625 SW 181 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SELLERS, LLOYD	5.2 NAME	
STREET ADDRESS	300 2ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BUTTERFIELD, JOHN	6.2 NAME	
STREET ADDRESS	6291 W RIVERBEND RD	6.3 STREET ADDRESS	4/4/95
CITY-ST-ZIP	DUNNELLON FL 33431	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Victor A. Yarborough — March 23, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044746