

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001605 (5)

1. Corporation Name

OFF BROADWAY LITTLE THEATRE, INC.



Principal Place of Business

19788 SW 85 LN
DUNNELLON FL 34432

Mailing Address

19788 SW 85 LN
DUNNELLON FL 34432

3. Date Incorporated or Qualified
04/09/1993

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

21 5700 SW 183rd Ter.

2a. Mailing Address

26 PO BOX 1270

4. FEI Number
59-3226544

Applied For
Not Applicable

Suite, Apt. #, etc.

22

City & State

23 Dunnellon FL

Zip

24 34432

Country

25 USA

City & State

28 Dunnellon FL

Zip

29 34430

Country

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVERY, STEPHEN
ASBURY AVENUE
DUNNELLON FL 34430

81 Name Steven Lavery

82 Street Address (P.O. Box Number is Not Acceptable)
5700 SW 183rd Ter.

83

84 City Dunnellon

85 FL Zip Code 34432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Steven Lavery

Steven Lavery Pres.

2/12/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE DP
NAME YARBOROUGH, VICTOR A
STREET ADDRESS 19788 SW 85 LN
CITY-ST-ZIP DUNNELLON FL
☒ DELETE

1.1 TITLE DP
1.2 NAME Lavery, Steven J
1.3 STREET ADDRESS 5700 SW 183rd Terr
1.4 CITY-ST-ZIP Dunnellon FL 34432
☐ Change ☒ Addition

TITLE DS
NAME STUTZMAN, BETTY
STREET ADDRESS RT 5 BOX 300
CITY-ST-ZIP MORRISTON FL
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME HOWARD, ROLANDIA
STREET ADDRESS 11150 ROLLING HILLS RD
CITY-ST-ZIP DUNNELLON FL 34431
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE DT
NAME SZOST, GEORGIANNA
STREET ADDRESS 5625 SW 181 ST
CITY-ST-ZIP DUNNELLON FL
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME SELLERS, LLOYD
STREET ADDRESS 300 2ND AVE
CITY-ST-ZIP DUNNELLON FL 34431
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME BUTTERFIELD, JOHN
STREET ADDRESS 6291 W RIVERBEND RD
CITY-ST-ZIP DUNNELLON FL 34431
☒ DELETE

6.1 TITLE D
6.2 NAME Horton, Jeffrey
6.3 STREET ADDRESS 2021 SW Shorewood OR
6.4 CITY-ST-ZIP Dunnellon FL 34432
☐ Change ☒ Addition

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)(k), 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: *Steven Lavery* Steven Lavery

2/12/96

904-489-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)