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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

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1. Corporation Name

FERNANDINA LITTLE THEATRE, INC.

Principal Place of Business

1014 BEECH ST  
FERNANDINA BEACH FL 32034  
US

Mailing Address

P.O. BOX 553  
FERNANDINA BEACH FL 32035



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3178678

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, KATE HART  
1813 AMELIA AVENUE  
FERNANDINA BEACH FL 32034

81 Name

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

83

84 City

FL

85 Zip Code

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

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 12

TITLE P  
NAME SABEDIE, PATRICK  
STREET ADDRESS 24 BEACH WALKER ROAD  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

1.1 TITLE  
1.2 NAME Sabadie, Patrick  
1.3 STREET ADDRESS 24 Beach Walker Road  
1.4 CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE D  
NAME STEIN-CORBIN, SHERRY  
STREET ADDRESS 5010 SUMMER BEACH BLVD  
CITY-ST-ZIP FERNANDINA BEACH FL 32035

2.1 TITLE  
2.2 NAME ~~Mayo, William~~  
2.3 STREET ADDRESS 2101 Inverness  
2.4 CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE T  
NAME REDEN, STEPHEN  
STREET ADDRESS 415 S. 4TH ST  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

3.1 TITLE  
3.2 NAME Reden, Stephen  
3.3 STREET ADDRESS 415 S. 4th Street  
3.4 CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE D  
NAME RYAN, AL  
STREET ADDRESS 1615 REGATTA DR  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE D  
NAME ANTORTH, KAREN  
STREET ADDRESS 2760 STERLING COURT  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE VP  
NAME STRINGFELLOW, KRISTINE  
STREET ADDRESS 623 THOMBURNEY ROAD  
CITY-ST-ZIP YULEE FL 32097

6.1 TITLE  
6.2 NAME P Stringfellow, Kristine  
6.3 STREET ADDRESS 623 Tom Burney Road  
6.4 CITY-ST-ZIP Yulee, FL 32097

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/99

(904) 321-1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)