## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001895

Entity Name: FERNANDINA LITTLE THEATRE, INC.

FILED May 02, 2006 Secretary of State

Junent P	Tincipal Place of Business:	New Principal Place of Business:
Current M	ent Mailing Address:  BOX 553 NANDINA BEACH, FL 32035  Imber: 59-3178678 FEI Number Applied For ( ) ordance with s. 607.193(2)(b), F.S., the corporation did not e and Address of Current Registered Agent:  I, KATE AMELIA AVENUE NANDINA BEACH, FL 32034 US  Indoore named entity submits this statement for the purity state of Florida.  ATURE:  Electronic Signature of Registered Agent  CERS AND DIRECTORS:  PD ( ) Delete COPELAND, KIM Iss: 19 N. WOLFF ST Indicate State S	New Mailing Address:
P.O. BOX FERNAND		
In accordan	nce with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable ( ) Certificate of Status Desired (X receive the prior notice.  Name and Address of New Registered Agent:
	LIA AVENUE	
		rpose of changing its registered office or registered agent, or b
SIGNATU	RE:	
	Electronic Signature of Registered Ager	nt Date
OFFICER:	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
Title: Name: Address: City-St-Zip:	COPELAND, KIM 19 N. WOLFF ST	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	COX, BETTY 415 S 4TH ST	Title: D (X) Change ( ) Addition Name: DAVIS, DORIS Address: 866 ATLANTIC VIEW DRIVE City-St-Zip: FERNANDINA BEACH, FL 32034
Title: Name: Address: City-St-Zip:	TYLER, JOSH 95161 WILDWOOD CIRCLE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DEELY, ED 2160 NATURES GATE COURT S	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:	D ( ) Delete NIXON, HEATHER	Title: D (X) Change ( ) Addition Name: MCCORMICK, DANA Address: 1223 N. FLETCHER AVENUE
Name: Address: City-St-Zip:	5 S. 2ND STREET FERNANDINA BEACH, FL 32034	City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM COPELAND PD 05/02/2006