

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001895

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: FERNANDINA LITTLE THEATRE, INC.

**Current Principal Place of Business:**

1014 BEECH ST  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1070  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

FEI Number: 59-3178678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HART, KATE  
1813 AMELIA AVENUE  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCDOWELL, DOUG  
Address: 114 CITRONA DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: DAVIS, DORIS  
Address: 866 ATLANTIC VIEW DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD (X) Delete  
Name: MEECE, MARTHA  
Address: 2809 OCEANVIEW COURT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD ( ) Delete  
Name: CROFT, STEVE  
Address: 85182 MEGAN STREET  
City-St-Zip: YULEE, FL 32097

Title: D ( ) Delete  
Name: FILKOFF, ARLENE  
Address: 845 TARPON AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: MORRISON, DEBORAH  
Address: 3033 RIVERSIDE DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: FILKOFF, ARLENE  
Address: 845 TARPON AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify 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: KATE HART

M.D.

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date