

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004676

1. Entity Name
THE GAINESVILLE LITTLE THEATER, INC.



Principal Place of Business

**5227 NW 50TH TERR
GAINESVILLE, FL 32606**

Mailing Address

**5227 NW 50TH TERR
GAINESVILLE, FL 32606**



01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
23-7010215

Applied For
Not Apply

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**MAXWELL, RICHARD M
3901 NW 8TH AVE
GAINESVILLE, FL 32605**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000381743
01/11/06-80067-014 61.25

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GARRIGUES, ROBERT G
4911 NW 37TH DR.
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
KIKER, SUZANNE
224 SW 40TH TERR.
GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EDS
SABIS, LINDA
330 S.W. 132ND TERR
NEWBERRY, FL 32669**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BREWINGTON, JERRY
P.O. BOX 45
EARLETON, FL 326310045**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.