


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 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
---	---

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7010215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARRIQUES, ROBERT G 5227 NW 50TH TERRACE GAINESVILLE, FL 32606
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	

**DO NOT WRITE
IN THIS SPACE**

U00000789448
01/22/08-80025-016 61.25

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert G Garriques* ROBERT G GARRIQUES 1/15/08 352-322-0954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #