

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762377

**FILED  
Apr 24, 2015  
Secretary of State  
CC5610001070**

**Entity Name:** HIGHLANDS LITTLE THEATRE, INC.

**Current Principal Place of Business:**

356 WEST CENTER AVENUE  
SEBRING, FL 33870

**Current Mailing Address:**

P.O. BOX 691  
SEBRING, FL 33871-0691

**FEI Number: 59-1211648**

**Certificate of Status Desired: No**

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

LOGSDON, VANESSA  
265 MCCOY RD  
SEBRING, FL 33875 US

*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

**Officer/Director Detail :**

Title P  
Name KUZNARIK, SHIRLEY  
Address 2912 DUFFER RD  
City-State-Zip: SEBRING FL 33872

Title S  
Name HERCHICK, MICHELLE  
Address 3768 RUNNING DEER DR  
City-State-Zip: SEBRING FL 33872-4058

Title VP  
Name MORALES-REYES, SULLYANN  
Address 221 KITE AVE  
City-State-Zip: SEBRING FL 33870

Title T  
Name LUNDEY, STEVEN  
Address 2360 LAKEVIEW DR  
City-State-Zip: SEBRING FL 33870

Title MGR  
Name LOGSDON, VANESSA  
Address 265 MCCOY RD  
City-State-Zip: SEBRING FL 33875

*I hereby 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 all other like empowered.*

**SIGNATURE: VANESSA LOGSDON**

**MANAGER**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date