

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762377

**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:** 59-2189790**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	MCMILLIAN, MIKE
Address	102 SPRING GARDEN RD
City-State-Zip:	SEBRING FL 33870

Title	T
Name	SCOTT, OLIVIA
Address	3032 N. NOEL DR
City-State-Zip:	AVON PARK FL 33825

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

MGR

03/09/2016

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