

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762377

**FILED**  
**Jun 28, 2018**  
**Secretary of State**  
**CC3997955809**

**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 WESTERGOM, JENNIFER  
Address 4006 LAKE HAVEN BLVD  
City-State-Zip: SEBRING FL 33875

Title S  
Name SCHUKNECHT, TRACY  
Address 4301 LAKE HAVEN BLVD  
City-State-Zip: SEBRING FL 33875

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**

**MANAGER**

**06/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date