2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2020
Secretary of State
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Entity Name: LITTLE THEATRE OF NEW SMYRNA BEACH, INCORPORATED

Current Principal Place of Business:

726 THIRD AVE.
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

P. O. BOX 114
NEW SMYRNA BEACH, FL 32170

FEI Number: 59-2173307

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REID, BARBARA
340 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169 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: BARBARA REID 03/10/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BICKFORD, NOEL
Address	P. O. BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

Title	SECRETARY
Name	DENNISON, DESIREE
Address	PO BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

Title	AT LARGE
Name	FUNARO , MICHAEL
Address	P. O. BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

Title	AT LARGE
Name	BRIGGS, AGNES
Address	PO BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

Title	TREASURER
Name	WINOKUR, EDWARD
Address	P. O. BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

Title	DIR
Name	ENTE, STEPHEN
Address	P. O. BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

Title	DIRECTOR
Name	KLINGE, CONNIE
Address	P. O. BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

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: NOEL BICKFORD PRESIDENT 03/10/2020

Electronic Signature of Signing Officer/Director Detail — Date