

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767129

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:**SPENCE, HAL E
221 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	CATUCCI, THOMAS
Address	P. O. BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

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

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

Title	VP
Name	BICKFORD, NOEL
Address	PO BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

Title	TREASURER
Name	BRIGGS, AGNES
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	SCHNABEL, LARRY
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: AGNES BRIGGS**TREASURER****01/31/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date