2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2014
Secretary of State
CC9181346867

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	WINOKUR, HARRIET
Address	PO BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

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

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

Title	TRES
Name	LINN, HAL
Address	PO BOX 114
City-State-Zip:	NEW SMYRNA BEACH FL 32170

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

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

Title	DIRECTOR
Name	FUNERO, MICHAEL
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: HAL LINN TREASURER 03/25/2014

Electronic Signature of Signing Officer/Director Detail — Date