


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90114 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 734869</b> 1. Corporation Name <b>GULF ISLANDS CIVIC THEATRE, INC.</b>					
Principal Place of Business 5620 S. HAPPY DRIVE C/O GLADYS DIPASCA HOMOSASSA FL 34446			Mailing Address 5620 S. HAPPY DRIVE C/O GLADYS DIPASCA HOMOSASSA FL 34446		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/30/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1727496	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLANKEN LAWRENCE 9556 W CRANBERRY ST CRYSTAL RIVER FL 34428				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROETTGER, SHARON			1.2 NAME	PHILLIPS, CAROL		
STREET ADDRESS	2500 N TURKEY OAK DR			1.3 STREET ADDRESS	3231 S. ARUNDEL TERRACE		
CITY-ST-ZIP	CRYSTAL RIVER FL			1.4 CITY-ST-ZIP	HOMOSASSA, FL.		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, GARY			2.2 NAME			
STREET ADDRESS	5730 W. PINE CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUGUSTINE, JERI			3.2 NAME			
STREET ADDRESS	1209 PARADISE AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DI PASCA, GLADYS V.			4.2 NAME			
STREET ADDRESS	5620 S. HAPPY DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOMOSASSA FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANKEN, LAWRENCE			5.2 NAME			
STREET ADDRESS	9556 W CRANBERRY ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LA GUIDICE, JAMES			6.2 NAME			
STREET ADDRESS	7534 W HUNTERHILL ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeri Augustine* **SIGNATURE REQUIRED** Jeri Augustine

1/8/99

352-795-3077

Date

Daytime Phone #

CR2E037 (1/98)