


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90095 044 ****61.25

DOCUMENT # 719395			
1. Entity Name COMMUNITY CONCERTS OF LAKE CITY, INC.			
Principal Place of Business 611 SW BUTZER DRIVE LAKE CITY FL 32024		Mailing Address P.O. BOX 2351 LAKE CITY FL 32056 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1635972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, BARBARA J 697 SW PATHFINDER GLEN FORT WHITE FL 32038		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> PD NAME RICHARDSON, PERLEY STREET ADDRESS 611 SW BUTZER DRIVE CITY-ST-ZIP LAKE CITY FL 32024	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> PD NAME Richardson, Perley STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> PD NAME WORMER, CRAIG STREET ADDRESS 981 SW MARY TERRACE CITY-ST-ZIP LAKE CITY FL 32024	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> PD NAME Wormer, Craig STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> PD NAME RICHARDSON, JEAN STREET ADDRESS 611 SW BUTZER DRIVE CITY-ST-ZIP LAKE CITY FL 32024	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> PD NAME Richardson, Jean STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> TD NAME JOHNSON, BARBARA J STREET ADDRESS 697 SW PATHFINDER GLEN CITY-ST-ZIP FORT WHITE FL 32038	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> TD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DP NAME BURKHARDT, KARL STREET ADDRESS SW EMERALD LAKE DRIVE CITY-ST-ZIP LAKE CITY FL 32055	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> PD NAME Burkhardt, Karl STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DC NAME HADLEY, SUE STREET ADDRESS 345 SE JONATHAN WAY CITY-ST-ZIP LAKE CITY FL 32025	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> S NAME Wetherington, Elizabeth STREET ADDRESS Lake City, FL 32055 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Barbara J. Johnson Treasurer 2-18-06 (386)497-1253