2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State
02-26-2007 90052 005 ****61.25

DOCUMENT # 719395

1. Entity Name
COMMUNITY CONCERTS OF LAKE CITY, INC.

Principal Place of Business	Mailing Address
611 SW BUTZER DRIVE LAKE CITY, FL 32024	P.O. BOX 2351 LAKE CITY, FL 32056 US

02192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1635972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, BARBARA J 697 SW PATHFINDER GLEN FORT WHITE, FL 32038	Name Dave Murdock Street Address (P.O. Box Number is Not Acceptable) 580 SW Oleander PL City Lake City FL Zip Code 32025

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 Dave Murdock 3/25/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARDSON, PERLEY 611 SW BUTZER DRIVE LAKE CITY, FL 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dave Murdock 580 SW Oleander PL Lake City, FL 32025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORMER, CRAIG 981 SW MARY TERRACE LAKE CITY, FL 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richardson, Perley 611 SW Butzer Dr. Lake City, FL 32024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, JEAN 611 SW BUTZER DRIVE LAKE CITY, FL 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burkhardt, Karl 510 Emerald Lake Dr. Lake City, FL 32055	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, BARBARA J 697 SW PATHFINDER GLEN FORT WHITE, FL 32038	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURKHARDT, KARL SW EMERALD LAKE DRIVE LAKE CITY, FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WETHERINGTON, ELIZABETH 345 SE JONATHAN WAY LAKE CITY, FL 32025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Carla Richardson 2/23/07 (386) 752-3793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #