

FILE NOW: FILING FEE AFTER MAY 1 1995: \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 734869 (1)

1. Corporation Name
GULF ISLANDS CMC THEATRE, INC.

Principal Place of Business	Mailing Address
5620 S. HAPPY DRIVE C/O GLADYS DIPASCA HOMOSASSA FL 34446	5620 S. HAPPY DRIVE C/O GLADYS DIPASCA HOMOSASSA FL 34446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1976	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1727496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**BLANKEN LAWRENCE
9556 W CRANBERRY ST
CRYSTAL RIVER FL 34428**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS CAROL
STREET ADDRESS	3231 S ARUNDEL TERRACE
CITY- ST- ZIP	HOMOSASSA FL
TITLE	D
NAME	WILLIAMS, GARY
STREET ADDRESS	5730 W. PINE CIRCLE
CITY- ST- ZIP	CRYSTAL RIVER FL
TITLE	S
NAME	AUGUSTINE, JERI
STREET ADDRESS	1209 PARADISE AVENUE
CITY- ST- ZIP	CRYSTAL RIVER FL
TITLE	T
NAME	DI PASCA, GLADYS V.
STREET ADDRESS	5620 S. HAPPY DRIVE
CITY- ST- ZIP	HOMOSASSA FL
TITLE	P
NAME	BLANKEN, LAWRENCE
STREET ADDRESS	9556 W CRANBERRY ST
CITY- ST- ZIP	CRYSTAL RIVER FL
TITLE	D
NAME	LA GUIDICE, JAMES
STREET ADDRESS	7534 W HUNTERHILL ST
CITY- ST- ZIP	CRYSTAL RIVER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROETIGER, ERNEST	
1.3 STREET ADDRESS	349 Gardenia Street	
1.4 CITY- ST- ZIP	Crystal River, Fl. 34429	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeri Augustine *Jeri Augustine* 5/26/95 (904) 795-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)