

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 734869 (1)
1. Corporation Name
GULF ISLANDS CIVIC THEATRE, INC.



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|---|---|
| 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 |
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|---|--|
| 3. Date Incorporated or Qualified 01/30/1976 | |
| 4. FEI Number 59-1727496 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|---|--|---|--|
| 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 | |
| | | 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 _____ (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 | 7834 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.

SIGNATURE: *[Handwritten Signature]* 6/25/98

CR2E037 (10/97)