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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734869 (1)
1. Corporation Name
GULF ISLANDS CIVIC THEATRE, INC.



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	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1727496		

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

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	

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 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

TITLE	D <input type="checkbox"/> DELETE
NAME	ROETTGER, SHARON
STREET ADDRESS	2500 N TURKEY OAK DR
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, GARY
STREET ADDRESS	5730 W. PINE CIRCLE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	S <input type="checkbox"/> DELETE
NAME	AUGUSTINE, JERI
STREET ADDRESS	1209 PARADISE AVENUE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	T <input type="checkbox"/> DELETE
NAME	DI PASCA, GLADYS V.
STREET ADDRESS	5620 S. HAPPY DRIVE
CITY-ST-ZIP	HOMOSASSA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BLANKEN, LAWRENCE
STREET ADDRESS	9556 W CRANBERRY ST
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LA GUIDICE, JAMES
STREET ADDRESS	7834 W HUNTERHILL ST
CITY-ST-ZIP	CRYSTAL RIVER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILLIPS, CAROL
1.3 STREET ADDRESS	3231 S. ARUNDEL TERRACE
1.4 CITY-ST-ZIP	HOMOSASSA, FL.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Glady's Dipasca*

CR2E037 (10/97)