


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90114 037 ****61.25

0069639

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

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

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/30/1976
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1727496
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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	HOMOSSASSA, 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	HOMOSSASSA 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	7534 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, with all other like empowered.

SIGNATURE: *Jeri Augustine* **SIGNATURE REQUIRED** Jeri Augustine 1/8/99 352-795-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)