

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/04)

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

Principal Place of Business: **772 N ENTERPRISE PT LECANTO FL 34461**
 Mailing Address: **PO BOX 241 CRYSTAL RIVER FL 34423**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **59-1727496** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BLANKEN LAWRENCE
9556 W CRANBERRY ST
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 | | |
|----------------------------|----------------------------------|---------------------------------|
| TITLE NAME | D REYNOLDS-FUNTING, JOYCE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4 PLAZA ST | |
| CITY- ST- ZIP | BEVERLY HILLS FL | |
| TITLE NAME | D WILLIAMS, GARY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 5730 W. PINE CIRCLE | |
| CITY- ST- ZIP | CRYSTAL RIVER FL | |
| TITLE NAME | S AUGUSTINE, JERI | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1209 PARADISE AVENUE | |
| CITY- ST- ZIP | CRYSTAL RIVER FL | |
| TITLE NAME | T SMITH, JANE A | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3454 N. BAY AVE. | |
| CITY- ST- ZIP | CRYSTAL RIVER FL 34428 | |
| TITLE NAME | P BLANKEN, LAWRENCE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 9556 W CRANBERRY ST | |
| CITY- ST- ZIP | CRYSTAL RIVER FL | |
| TITLE NAME | D LA GUIDICE, JAMES | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7534 W HUNTERHILL ST | |
| CITY- ST- ZIP | CRYSTAL RIVER FL | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

U00000323222
 04/22/05-80047-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Lawrence Blanken 2-14-05 (352)795-5067