


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-1727496 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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04/22/06-80050-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **Lawrence Blanken** 4-01-06 (352)795-5067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #