



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90021 032 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1727496	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Not Applicable		05032007 Chg-NP CR2E037 (12/06)			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLANKEN LAWRENCE 9556 W CRANBERRY ST CRYSTAL RIVER, FL 34428			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS-FUNTING, JOYCE		NAME		
STREET ADDRESS	4 PLAZA ST		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, GARY		NAME		
STREET ADDRESS	5730 W. PINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUGUSTINE, JERI		NAME		
STREET ADDRESS	1209 PARADISE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JANE A		NAME		
STREET ADDRESS	3454 N. BAY AVE.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANKEN, LAWRENCE		NAME		
STREET ADDRESS	9556 W CRANBERRY ST		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LA GUIDICE, JAMES		NAME		
STREET ADDRESS	7534 W HUNTERHILL ST		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
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: 			Date: 4-29-07		Daytime Phone #: 795-5067
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>