2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #734869

1. Entity Name
GULF ISLANDS CIVIC THEATRE, INC.



FILED Jul 25, 2008 08:00 AM Secretary of State

Principal Place of Business

772 N ENTERPRISE PT LECANTO, FL 34461 Mailing Address

PO BOX 241

CRYSTAL RIVER, FL 34423



DO NOT WRITE IN THIS SPACE

07182008 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

	e named entily submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE					
Filing Fee is \$61.25 Due by September 12, 2008		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000956320 07/25/08-80003-009 61.25
10.	OFFICERS AND DIRE	CTORS			
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				<i>C</i>)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUGUSTINE, JERI 1209 PARADISE AVENUE CRYSTAL RIVER, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JANE A 3454 N. BAY AVE. CRYSTAL RIVER, FL 34428			IN '	THIS SPACE
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				
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					

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:

7-20-08 (352) 195-5067