

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91301 009 ****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

11024142



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

FILE NOW: FEE IS \$61.25

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		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 checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI PASCA, GLADYS V.	NAME	T Smith, JANE A.
STREET ADDRESS	5620 S. HAPPY DRIVE	STREET ADDRESS	3454 N BAY AVE
CITY-ST-ZIP	HOMOSSASSA FL	CITY-ST-ZIP	Crystal River FL 34428
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 exemption stated in Section 119.07(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* *4-23-03 (352) 995-5067*

CR2E037 (10/02)