

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700003518547--2  
-01/02/01--01081--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: LAKE REGION COMMUNITY THEATRE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

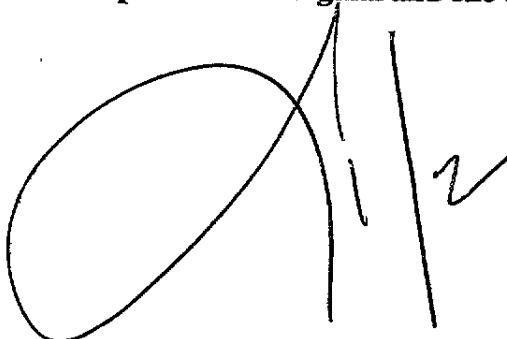
☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PATRICIA D. CRAWFORD  
Name (Printed or typed)  
6938 CRYSTAL LAKE ROAD/PO BOX 904  
Address  
KEYSTONE HEIGHTS, FL 32656  
City, State & Zip  
352-473-7246  
Daytime Telephone number

FILED  
01 JAN -2 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.



**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

LAKE REGION COMMUNITY THEATRE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

6938 CRYSTAL LAKE ROAD/PO BOX 1212  
KEYSTONE HEIGHTS, FL 32656

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROMOTE AND ENCOURAGE EDUCATIONAL PURPOSE AND ACTIVITY FOR THE PERFORMING ARTS  
IN THE TRI-COUNTY AREA OF BRADFORD, UNION AND CLAY COUNTIES.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

ANNUAL ELECTION BY THE MEMBERSHIP AS PER BY-LAWS.

**ARTICLE V INITIAL DIRECTORS/OFFICERS** (SEE ATTACHED INFORMATION SHEETS)

The name and addresses:

PATRICIA D. CRAWFORD, 6938 CRYSTAL LAKE RD./PO BOX 904, KEYSTONE HEIGHTS, FL 32656  
PAUL F. GALLOWAY, 6656 WOODLAND DRIVE, KEYSTONE HEIGHTS, FL 32656  
SALLY A. CRANE, 620 HEBRON AVENUE, KEYSTONE HEIGHTS, FL 32656  
KATHERYN A. MERRITT, RT. 5, BOX 1002 (19664 STATE RD 16, STARKE, FL 32091

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

PATRICIA D. CRAWFORD, 6938 CRYSTAL LAKE ROAD, KEYSTONE HEIGHTS, FL 32656

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PATRICIA D. CRAWFORD, 6938 CRYSTAL LAKE ROAD, KEYSTONE HEIGHTS, FL 32656

**ARTICLE VIII DATES OF INCORPORATION**

THE EFFECTIVE DATE SHALL BE JANUARY 1, 2001. THE CALENDAR YEAR SHALL RUN FROM JANUARY 1 TO  
DECEMBER 31

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated  
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Patricia D. Crawford  
Signature/Registered Agent

11/01/2000  
Date

Patricia D. Crawford  
Signature/Incorporator

11/01/2000  
Date

FILED  
01 JAN -2 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA