2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000108

Entity Name: LAKE REGION COMMUNITY THEATRE, INC.

FILED Jul 11, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
P.O. BOX 1	STAL LAKE RO 212 E HEIGHTS, FL					
Current Mailing Address:				New Mailing Address:		
6938 CRYSTAL LAKE ROAD P.O. BOX 1212 KEYSTONE HEIGHTS, FL 32656				502 S EPPERSON ST PO BOX 6155 STARKE, FL 32091		
FEI Number:	59-3689356	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CRAWFORD, PATRICIA D 6938 CRYSTAL LAKE ROAD KEYSTONE HEIGHTS, FL 32656				CURTIS, TANYA A 502 S EPPERSON ST STARKE, FL 32091		
The above in the State	named entity su of Florida.	ubmits this statement for the pu	rpose of	f changing it	s registered of	ffice or registered agent, or both,
SIGNATURE: TANYA A CURTIS						07/11/2004
	Electronic	Signature of Registered Agen	nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () C CRAWFORD, PA 6938 CRYSTAL L KEYSTONE HEIG	_AKE ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	T () E THOMAS, RONDA 10889 SE 49TH F STARKE, FL 320	PLACE		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DAL () E ALVAREZ, NANC RT 1 BOX 881 STARKE, FL 320			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	MERRITT, KATHE	(19664 STATE RD 16)		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E DINKINS, TAMAR 628 NE 227TH S' LAWTEY, FL 320	TREET		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	T () CURTIS, TANYA 502 S EPPERSO STARKE, FL 32	ON ST

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANYA A CURTIS T 07/11/2004