

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000108

FILED
Jan 25, 2005
Secretary of State

Entity Name: LAKE REGION COMMUNITY THEATRE, INC.

Current Principal Place of Business:

6938 CRYSTAL LAKE ROAD
P.O. BOX 1212
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

502 S EPPERSON ST
PO BOX 6155
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3689356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURTIS, TANYA A
502 S EPPERSON ST
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAWFORD, PATRICIA D
Address: 6938 CRYSTAL LAKE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T (X) Delete
Name: THOMAS, RONDA
Address: 10889 SE 49TH PLACE
City-St-Zip: STARKE, FL 32091

Title: DAL () Delete
Name: ALVAREZ, NANCY
Address: RT 1 BOX 881
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: MERRITT, KATHERYN A
Address: RT. 5 BOX 1002 (19664 STATE RD 16)
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: DINKINS, TAMARA B
Address: 628 NE 227TH STREET
City-St-Zip: LAWTEY, FL 32058

Title: T () Delete
Name: CURTIS, TANYA A
Address: 502 S EPPERSON ST
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SECR

01/25/2005

Electronic Signature of Signing Officer or Director

Date