

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90791 029 *****61.25

DOCUMENT # NO1000000108

1. Entity Name

LAKE REGION COMMUNITY THEATRE, INC.



Principal Place of Business

**6938 CRYSTAL LAKE ROAD
KEYSTONE HEIGHTS FL 32656**

Mailing Address

**P.O BOX 1212
KEYSTONE HEIGHTS FL 32656-1212**

2. Principal Place of Business

**6938 Crystal Lake Road
PO BOX 1212**

3. Mailing Address

**6938 Crystal Lake Road
PO BOX 1212**

City & State

KeyStone Heights, FL

City & State

KeyStone Heights, FL

Zip

32656

Country

USA

Zip

32656

Country

USA

4. FEI Number **59-3689356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Patricia D. Crawford **4/31/2003**

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

TITLE **D** ☐ Delete
NAME **CRAWFORD, PATRICIA D**
STREET ADDRESS **6938 CRYSTAL LAKE ROAD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **D** ☒ Delete
NAME **GALLOWAY, PAUL F**
STREET ADDRESS **6656 WOODLAND DRIVE**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **D** ☒ Delete
NAME **CRANE, SALLY A**
STREET ADDRESS **620 HEBRON AVENUE**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **D** ☐ Delete
NAME **MERRITT, KATHERYN A**
STREET ADDRESS **RT. 5 BOX 1002 (19664 STATE RD 16)**
CITY-ST-ZIP **STARKE FL 32091**

TITLE **D** ☐ Delete
NAME **DINKINS, TAMARA B**
STREET ADDRESS **628 NE 227TH STREET**
CITY-ST-ZIP **LAWTEY FL 32058**

TITLE **D** ☒ Delete
NAME **BARKSDALE, BENJAMIN**
STREET ADDRESS **1650 W MADISON STREET**
CITY-ST-ZIP **STARKE FL 32091**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Thomas, Ronda**
STREET ADDRESS **10889 SE 49th Ave**
CITY-ST-ZIP **Starke, FL 32091**

TITLE **Director at Large** ☐ Change ☒ Addition
NAME **Alvarez, Nancy**
STREET ADDRESS **Pt. 1 Box 881**
CITY-ST-ZIP **Starke, FL 32091**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Patricia D. Crawford

4/31/2003 352-473-0082

CR2E037 (10/02)