

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 18, 2008
Secretary of State

DOCUMENT# N05000011161

Entity Name: CITRUS COUNTY CENTER THEATER FOR THE PERFORMING ARTS FOUNDATION, INC.**Current Principal Place of Business:**9 KNOTWOOD LANE
HOMOSASSA, FL 34446**New Principal Place of Business:****Current Mailing Address:**9 KNOTWOOD LANE
HOMOSASSA, FL 34446**New Mailing Address:****FEI Number:** 76-0804226**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CINA, SALVATORE
9 KNOTWOOD LANE
HOMOSASSA, FL 34446 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:** DCP () Delete
Name: CINA, NORA
Address: 9 KNOTWOOD LANE
City-St-Zip: HOMOSASSA, FL 34446**Title:** DV () Delete
Name: CINA, SALVATORE
Address: 9 KNOTWOOD LANE
City-St-Zip: HOMOSASSA, FL 34446**Title:** DT () Delete
Name: SMITH, PHYLLIS
Address: 16 HOLLYHOCK CT
City-St-Zip: HOMOSASSA, FL 34446**Title:** D () Delete
Name: LEVINS, RUTH
Address: 3930 N. SEMINOLE PT
City-St-Zip: CRYSTAL RIVER, FL 34428**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVP (X) Change () Addition
Name: CINA, SALVATORE
Address: 9 KNOTWOOD LANE
City-St-Zip: HOMOSASSA, FL 34446**Title:** D (X) Change () Addition
Name: SMITH, PHYLLIS
Address: 16 HOLLYHOCK CT
City-St-Zip: HOMOSASSA, FL 34446**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DT () Change (X) Addition
Name: MILLER, PAUL
Address: 5400 LEGEND HILLS LANE
City-St-Zip: SPRING HILL, FL 34609 US**Title:** D () Change (X) Addition
Name: MILLER, BELINDA
Address: 5400 LEGEND HILLS LANE
City-St-Zip: SPRING HILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SALVATORE CINA

DVP

07/18/2008

Electronic Signature of Signing Officer or Director

Date