

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011161

FILED  
Apr 03, 2009  
Secretary of State

**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: DVP ( ) Delete  
Name: CINA, SALVATORE  
Address: 9 KNOTWOOD LANE  
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) 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: DT ( ) Delete  
Name: MILLER, PAUL  
Address: 5400 LEGEND HILLS LANE  
City-St-Zip: SPRING HILL, FL 34609 US

Title: D ( ) Delete  
Name: MILLER, BELINDA  
Address: 5400 LEGEND HILLS LANE  
City-St-Zip: SPRING HILL, FL 34609 US

**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 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

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date