

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011161

FILED
Jan 14, 2010
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 (X)

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
Name: CINA, NORA
Address: 9 KNOTWOOD LANE
City-St-Zip: HOMOSASSA, FL 34446

Title: DVP
Name: CINA, SALVATORE
Address: 9 KNOTWOOD LANE
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: SMITH, PHYLLIS
Address: 16 HOLLYHOCK CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: LEVINS, RUTH
Address: 3930 N. SEMINOLE PT
City-St-Zip: CRYSTAL RIVER, FL 34428

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

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

I hereby 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 all other like empowered.

SIGNATURE: SALVATORE CINA

DVP

01/14/2010

Electronic Signature of Signing Officer or Director

Date