

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:45

**DOCUMENT # N30930 (4)**  
1. Corporation Name  
**CITRUS COUNTY COMMUNITY CONCERT ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**C/O D. WEBSTER PEDRICK  
3930 NORTH SEMINOLE POINT  
CRYSTAL RIVER FL 32629-6208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1989** 3a. Date of Last Report **01/26/1994**  
4. FEI Number **59-2468115** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **Brown Dumas, Jr.** 26 **Brown Dumas, Jr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **865 NE Hwy 19** 27 **P.O. Box 607**  
City & State City & State  
23 **Crystal River, FL** 28 **Crystal River, FL**  
Zip Country Zip Country  
24 **34429** 25 **USA** 29 **34423** 30 **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PEDRICK, D. WEBSTER  
3930 NORTH SEMINOLE POINT  
P.O. BOX 803  
CRYSTAL RIVER FL 32629**

10. Name and Address of New Registered Agent  
01 Name **Brown Dumas, Jr.**  
02 Street Address (P.O. Box Number is Not Acceptable) **865 NE Hwy 19**  
03 **P.O. Box 607**  
04 City **Crystal River, FL** 05 Zip Code **FL 34423**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
**March 28, 1995**

SIGNATURE: *[Signature]* DATE: **March 28, 1995**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>PEDRICK, D. WEBSTER</b>
STREET ADDRESS	<b>3930 N. SEMINOLE PT.</b>
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<b>VD</b>
NAME	<b>JAHING, ARTHUR</b>
STREET ADDRESS	<b>4 CATALPA CT</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>D</b>
NAME	<b>PEDRICK, RUTH</b>
STREET ADDRESS	<b>3930 N SEMINOLE PT</b>
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<b>TD</b>
NAME	<b>DUMAS, BROWN</b>
STREET ADDRESS	<b>291 S. GARDENIA TERR.</b>
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<b>S</b>
NAME	<b>JENKS, DOROTHY</b>
STREET ADDRESS	<b>45 CYPRESS BLVD WEST</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>President</b>
23 STREET ADDRESS	<b>Jaehing, Arthur</b>
24 CITY - ST - ZIP	<b>4 Catalpa Ct</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Treasurer/Director</b>
43 STREET ADDRESS	<b>Brown Dumas, Jr.</b>
44 CITY - ST - ZIP	<b>865 NE Hwy 19</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **March 28, 1995** **904-795-3451**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)