

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business: **BROWN DUMAS, JR. 865 NE HWY 19 CRYSTAL RIVER FL 32629-6208 US**
Mailing Address: **BROWN DUMAS, JR. P.O. BOX 607 CRYSTAL RIVER FL 32629-6208 US**

3. Date Incorporated or Qualified: **03/01/1989**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-2468115**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
30

9 Name and Address of Current Registered Agent

10 Name and Address of New Registered Agent

**PEDRICK, D. WEBSTER
3930 NORTH SEMINOLE POINT
P.O. BOX 803
CRYSTAL RIVER FL 32629**

81 Name: **Brown Dumas, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **865 NE Hwy 19**
83 **P.O. Box 607**
84 City: **Crystal River, FL** 85 Zip Code: **34423**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Brown Dumas, Jr.* **Brown Dumas, Jr. T/D** **January 22, 1996**
(NOTE: Registered Agent signature required when requalifying)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | PEDRICK, D. WEBSTER | |
| STREET ADDRESS | 3930 N. SEMINOLE PT. | |
| CITY-STATE-ZIP | CRYSTAL RIVER FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | JAEHING, ARTHUR | |
| STREET ADDRESS | 4 CATALPA CT | |
| CITY-STATE-ZIP | HOMOSASSA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PEDRICK, RUTH | |
| STREET ADDRESS | 3930 N SEMINOLE PT | |
| CITY-STATE-ZIP | CRYSTAL RIVER FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DUMAS, BROWN | |
| STREET ADDRESS | 865 NE HWY 19 | |
| CITY-STATE-ZIP | CRYSTAL RIVER FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | JENKS, DOROTHY | |
| STREET ADDRESS | 45 CYRESS BLVD WEST | |
| CITY-STATE-ZIP | HOMOSASSA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-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-STATE-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-STATE-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-STATE-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-STATE-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-STATE-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-STATE-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 119.07(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: *Brown Dumas, Jr.* **Brown Dumas, Jr. Treasurer/D** **January 22, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)