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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA 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 Mailing Address
BROWN DUMAS JR.
885 NE HWY 19
CRYSTAL RIVER FL 32629-6208
US
BROWN DUMAS JR.
P.O. BOX 607
CRYSTAL RIVER FL 34423-0607
US

3. Date Incorporated or Qualified 03/01/1989 3a. Date of Last Report 01/26/1996

2. Principal Place of Business 2a. Mailing Address
21 865 NE Hwy 19 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Crystal River FL 28
Zip Country Zip Country
24 34429-6208 25 Citrus 29 30

4. FEI Number 59-2468115 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUMAS, BROWN JR.
885 NE HWY 19
POST OFFICE BOX 607
CRYSTAL RIVER FL 34423

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President/Director
NAME	JAEHING, ARTHUR	1.2 NAME	Jaehing, Arthur
STREET ADDRESS	4 CATALPA CT	1.3 STREET ADDRESS	4 Catalpa Ct
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	Homosassa FL
TITLE	D	2.1 TITLE	
NAME	PEDRICK, RUTH	2.2 NAME	
STREET ADDRESS	3930 N SEMINOLE PT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	DUMAS, BROWN	3.2 NAME	
STREET ADDRESS	885 NE HWY 19	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Secretary/Director
NAME	JENKS, DOROTHY	4.2 NAME	Jenks, Dorothy
STREET ADDRESS	45 CYRESS BLVD WEST	4.3 STREET ADDRESS	45 Cypress Blvd West
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	Homosassa FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)