

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30930 (4)**

1. Corporation Name  
**CITRUS COUNTY COMMUNITY CONCERT ASSOCIATION, INC**



Principal Place of Business <b>BROWN DUMAS JR. 885 NE HWY 19 CRYSTAL RIVER FL 32629-6208 US</b>	Mailing Address <b>BROWN DUMAS JR. P.O. BOX 607 CRYSTAL RIVER FL 34423-0607 US</b>
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3. Date Incorporated or Qualified <b>03/01/1989</b>	3a. Date of Last Report <b>01/26/1996</b>
4. FEI Number <b>59-2468115</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>JAEHING, ARTHUR</b>	
STREET ADDRESS <b>4 CATALPA CT</b>	
CITY-ST-ZIP <b>HOMOSASSA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
NAME <b>DUMAS, BROWN</b>	
STREET ADDRESS <b>885 NE HWY 19</b>	
CITY-ST-ZIP <b>CRYSTAL RIVER FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>JENKS, DOROTHY</b>	
STREET ADDRESS <b>45 CYRESS BLVD WEST</b>	
CITY-ST-ZIP <b>HOMOSASSA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Jaehing, Arthur</b>	
1.3 STREET ADDRESS <b>4 Catalpa Ct</b>	
1.4 CITY-ST-ZIP <b>Homosassa FL</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>Secretary/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Jenks, Dorothy</b>	
4.3 STREET ADDRESS <b>45 Cypress Blvd West</b>	
4.4 CITY-ST-ZIP <b>Homosassa FL</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**Bank**

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)