## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

N30930

(4)

## CITRUS COUNTY COMMUNITY CONCERT ASSOCIATION, INC.

Dala sin at Man	at Duels and	Marillan Andress							
Principal Place of Business		Mailing Address							
865 NE HWY 19		BROWN DUMAS. JR.				3. Date Incorporated or Qualifi	ed	· · ·	
CRYSTAL RIVER FL 34429-6208 US		P.O. BOX 607 CRYSTAL RIVER FL 32629-6208				03/01/1989			
00		US	.5-0200			4. FEI Number			Applied For
						59-2468115			Vot Applicable
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired			Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Required
22 22		27			<ol> <li>Election Campaign Financin</li> <li>Trust Fund Contribution</li> </ol>	g		May Be to Fees	
City & State		City & State			<del></del>	a homoowner			
23		28			7. Is this nonprofit corporation a homeowners association?  Yes No				
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due	·		□ No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered /	\gent	
				81 Na	me			-	
DUMAS, BROWN JR.				<b>82</b> Stre	et Addre	ss (P.O. Box Number is Not Acce	ptableï		
865 NE HWY 19							,		
POST OFFICE BOX 607				83					
CRYSTA			<b>84</b> City	,	<del></del>	<del></del>	85 Zir	Code	
							FL		
11. Pursuant	to the provisions of Sections 617.05 egistered agent, or both, in the Statem famillar with, and accept the oblig	02 and 617.1508, Florida Statu	ites, the al	ove-nam	ed corpo	ration submits this statement for t	he purpose of	changing	its registered
agent. I a	egistered agent, or bout, in the state im famillar with, and accept the oblig	ations of, Section 617.0503, F	lorida Stat	ມ by ເມຍ ເ utes.	SOLDO: SILIO	it's board of directors. Thereby a	scebt the appr	omunent a	is registered
SIGNATURE .									
	Signature, typed or printed name of registered ag			Agent sign	ature required	when reinsteting)	DATE		
12.		ND DIRECTORS	13,		<del></del>	ADDITIONS/CHANGES TO O	FFICERS AND		
TITLE	PD	X DELETE	1,1 TT		PD			Change	<b>₩</b> Addition
NAME	JAEHING, ARTHUR		1.2 N			WILLIAMS, MARGA			
STREET ADDRESS	4 CATALPA CT			REET ADORE	SS	5730 Pine Circ.			į
CITY - ST - ZIP	HOMOSASSA FL			TY-ST-ZIP		<u>Crystal River </u>	<u>TL 3442</u>		
TITLE	D DEDOLOR DIEGI	☐ DELETE	2.1 TI		l l			☐ Change	Addition
NAME	PEDRICK, RUTH		2.2 N		1				
STREET ADDRESS	3930 N SEMINOLE PT		2.3 \$3		SS				
CITY - \$T - ZIP	CRYSTAL RIVER FL			TY-ST-ZIP					
TITLE	TD	DELETÉ 3.1 T						Change	L_ Addition
NAME	DUMAS, BROWN		3.2 NA						ŀ
STREET ADDRESS	865 NE HWY 19			reet addre	SS				
CITY-ST-ZIP	CRYSTAL RIVER FL			TY-ST-ZIP				<u> </u>	[ ] A station of
TITLE	SD SOMETHING	T DETER	DELETE 4.1 TI		1			Change	☐ Addition
NAME	JENKS, DOROTHY		4.2 N						
STREET ADDRESS	45 CYRESS BLVD WEST		1	REET ADDRE	ss				
CITY-ST-ZIP	HOMOSASSA FL	DELETE		Y-ST-ZIP				Char	1 nadis-
TITLE		L_i UELETE	5.1 π	-	-			L Change	Addition
NAME [			5.2 NA						İ
STREET ADDRESS			1	REET ADDRE	SS				
CITY-ST-ZIP				Y-ST-ZIP				- Los	
TITLE		☐ DELETE	6.1 TI					Change	☐ Addition
NAME			6.2 NA	ME	.				j

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE

Brown Dumas ! JTUTE SEOUBED

352 795-3451

**FILED** 

Jan 22 1998 8:00am

Secretary of State

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