


FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>865 NE HWY 19 CRYSTAL RIVER FL 34429-6208 US</b>		Mailing Address <b>BROWN DUMAS, JR. P.O. BOX 607 CRYSTAL RIVER FL 32629-6208 US</b>		3. Date Incorporated or Qualified <b>03/01/1989</b>	
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		4. FEI Number <b>59-2468115</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>DUMAS, BROWN JR. 865 NE HWY 19 POST OFFICE BOX 607 CRYSTAL RIVER FL 34423</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAEHING, ARTHUR		1.2 NAME	WILLIAMS, MARGARET	
STREET ADDRESS	4 CATALPA CT		1.3 STREET ADDRESS	5730 Pine Circle	
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-ST-ZIP	Crystal River FL 34429	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, BROWN		3.2 NAME		
STREET ADDRESS	865 NE HWY 19		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKS, DOROTHY		4.2 NAME		
STREET ADDRESS	45 CYRESS BLVD WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE: **Brown Dumas, Jr. Treas**  352 795-3451

CR2E037 (10/97)