

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90001 011 ****61.25

DOCUMENT # N30930

1. Corporation Name

CITRUS COUNTY COMMUNITY CONCERT ASSN

Principal Place of Business

Mailing Address

LOUISE H. GREGORY, TREAS.
8510 W MAYO DRIVE APT 1
CRYSTAL RIVER FL 34429-5444

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 ABOVE		26 ABOVE		03/01/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2468115	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
Country		Country		Country	
25 CITRUS		29		30	

9. Name and Address of Current Registered Agent

DUMAS, BROWN
865 NE HWY 19
PO BOX 607
CRYSTAL RIVER FL 34429-0607

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

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	P. WILLIAMS, MARGARET
NAME	JAEHING, ARTHUR	1.2 NAME	5730 ANECIRCLE
STREET ADDRESS	4 CATALPA CT	1.3 STREET ADDRESS	CRYSTAL RIVER FL 34429
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	LOUISE GREGORY
NAME	PEDRICK, RUTH	2.2 NAME	8510 W MAYO DR #1
STREET ADDRESS	3930 N SEMINOLE PT	2.3 STREET ADDRESS	CRYSTAL RIVER FL 34429-5444
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	LYONS MARY
STREET ADDRESS		5.3 STREET ADDRESS	901 N VENTURI
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

LOUISE H GREGORY
TREASURER

5/21/99 352 795-5379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)