

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003745 (5)

1. Corporation Name

COMMUNITY THEATER OF CITRUS COUNTY, INC.

Principal Place of Business

Mailing Address

865 NORTH SUNCOAST BLVD  
CRYSTAL RIVER FL 34429  
US865 NORTH SUNCOAST BLVD  
CRYSTAL RIVER FL 34429  
US3. Date Incorporated or Qualified  
08/04/19953a. Date of Last Report  
07/02/1996

4. FEI Number

59-3338267

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYAJAN, LEON M  
1125 STERLING ROAD  
SUITE 4  
INVERNESS FL 34450

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 PD  
NAME BOYAJAN, LEON M II  
STREET ADDRESS 584 KNIGHTSBRIDGE PLACE  
CITY- ST- ZIP LECANTO FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE SD  
NAME JONES, SUSAN A  
STREET ADDRESS 18922 W PICKETT COURT  
CITY- ST- ZIP HERNANDO FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE TD  
NAME ZELNERONOK, MARGARET  
STREET ADDRESS 531 SW 1ST AVENUE  
CITY- ST- ZIP CRYSTAL RIVER FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE VPD  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DELETE4.1 TITLE VICE President  
4.2 NAME George Poplawski  
4.3 STREET ADDRESS 2211 N GASTON TERR  
4.4 CITY- ST- ZIP LECANTO FL 34461☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP☐ Change ☐ Addition

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.

SIGNATURE:

Leon M. Boyajan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/27/97 352 726 1800  
Date Daytime Phone # 0079724

CR2E037 (9/96)