

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90010 005 ****61.25

DOCUMENT # N95000003745

1. Corporation Name

COMMUNITY THEATER OF CITRUS COUNTY, INC.

Principal Place of Business

865 NORTH SUNCOAST BLVD
CRYSTAL RIVER FL 34429
US

Mailing Address

865 NOTH SUNCOAST BLVD
CRYSTAL RIVER FL 34429
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/04/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3338267

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

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

2303 W. HWY 44
34453-3809

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 34461

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME CENGEL, CHRIS
STREET ADDRESS 578 E FOREST HILL PLACE
CITY-ST-ZIP HERNANDO FL 34442

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE TD
NAME ZELNERONOK, MARGARET
STREET ADDRESS 531 SW 1ST AVENUE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME POPLOWSKI, GEORGE
STREET ADDRESS 2211 NORTH GASXON TERR.
CITY-ST-ZIP LECANTO FL 34461

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/99 352-726-1800

CR2E037 (5/99)