2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90027 038 ****70.00

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1. Entity Name
COMMUNITY THEATER OF CITRUS COUNTY, INC.

Principal Place of Business	Mailing Address
865 NORTH SUNCOAST BLVD CRYSTAL RIVER, FL 34429 US	~~865 NORTH SUNCOAST BLVD~~ P.O. Box CRYSTAL RIVER, FL ~~34429~~ US 34423-0950

01052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 950 Suite, Apt. #, etc.
City & State	City & State Crystal River FL
Zip / Country	Zip / Country 34423-0950 CITRUS

4. FEI Number 59-3338267 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, LOIS B 17 REDBAY CT E HOMOSASSA, FL 34446	Name: WEINGARTEN, SHELBY D Street Address (P.O. Box Number is Not Acceptable): 23 PINE DRIVE City: HOMOSASSA FL Zip Code: 34446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shelby D. Weingarten 1-5-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLURY, RICHARD L 504 CABOT ST INVERNESS, FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President WEINGARTEN, SHELBY 23 PINE DRIVE HOMOSASSA, FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KYLIS, CHARLES F 1825 S MANDARIN TER INVERNESS, FL 34450	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY AUGUSTINE, JERI 1209 SE PARADISE AVE CRYSTAL RIVER, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GUDIS, MICHAEL L 1 GOLFVIEW DR HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR JIM FARLEY 1461 NW 19th St Crystal River, FL 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR AUGUSTINE, JERI 1209 SE PARADISE AVE CRYSTAL RIVER, FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Gerry Mandel 7027 Sparkling Creek Ct. Spring Hill, FL 34606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR THOMAS, LOIS B 17 REDBAY CT E HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DAVID GREEN 9030 W. Ft Island Trail, Suite 5 Crystal River, FL 34429	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR WEINGARTEN, SHELBY 23 PINE DR HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MONICA TICHAUER 51 LINDER CIRCLE HOMOSASSA, FL 34446	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelby D. Weingarten 1-7-04 352-563-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #