

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90055 024 ****70.00

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



Principal Place of Business
**865 NORTH SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**P.O. BOX 950
CRYSTAL RIVER, FL 34423-0954 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202005 Chg-NP CR2E037 (10/03)

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

**WEINGARTEN, SHELBY D
23 PINE DRIVE
HOMOSASSA, FL 34446**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Shelby D. Weingarten 2-20-05
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, 2005

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 P ☐ Delete
STREET ADDRESS WEINGARTEN, SHELBY
CITY-ST-ZIP 23 PINE DRIVE
HOMOSASSA, FL 34446

TITLE NAME WEINGARTEN, SHELBY ☒ Change ☐ Addition
STREET ADDRESS 23 Pine Drive
CITY-ST-ZIP Homosassa FL 34446

TITLE NAME S ☐ Delete
STREET ADDRESS AUGUSTINE, JERI
CITY-ST-ZIP 1209 SE PARADISE AVE
CRYSTAL RIVER, FL 34429

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME T ☐ Delete
STREET ADDRESS FARLEY, JIM
CITY-ST-ZIP 1461 NW 19TH ST
CRYSTAL RIVER, FL 34428

TITLE NAME V P ☒ Change ☐ Addition
STREET ADDRESS Farley Jim
CITY-ST-ZIP 1461 NW 19th St
CRYSTAL RIVER, FL 34428

TITLE NAME T ☒ Delete
STREET ADDRESS MADEL, GERRY
CITY-ST-ZIP 7027 SPARKLING CREEK ST
SPRING HILL, FL 34606

TITLE NAME Weaver, Sharon ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 2127
CITY-ST-ZIP Crystal River, FL 34423

TITLE NAME T ☒ Delete
STREET ADDRESS GREEN, DAVID
CITY-ST-ZIP 9030 W. FT ISLAND TRAIL, SUITE 5
CRYSTAL RIVER, FL 34429

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME T ☒ Delete
STREET ADDRESS TICHAUER, MONICA
CITY-ST-ZIP 51 LINDER CIRCLE
HOMOSASSA, FL 34446

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 2-20-05 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shelby D. Weingarten