

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003745

FILED
Apr 30, 2007
Secretary of State

Entity Name: COMMUNITY THEATER OF CITRUS COUNTY, INC.

Current Principal Place of Business:

865 NORTH SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 950
CRYSTAL RIVER, FL 344230954 US

New Mailing Address:

FEI Number: 59-3338267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARLEY, JAMES
1461 NW 19ST
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

VETTER, SHARON LYNN
882 N FOX MEADOW TERR
CRYSTAL RIVER, FL 34429 US

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.

SIGNATURE: SHARON LYNN VETTER

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GYDIS, MICHAEL C
Address: 253 NW BAY PATH
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: P () Delete
Name: FARLEY, JIM
Address: 1461 NW 19TH ST
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP () Delete
Name: SIRFEL, LISA
Address: 1991 W GRANYWOOD DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: DOXIY, JNEK H
Address: PO BOX 2950
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GARRISON, BRUCE
Address: 34A KINGS BAY DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P (X) Change () Addition
Name: LOVE, DENNIS E
Address: 10375 CORK FIR TERR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP (X) Change () Addition
Name: VETTER, SHARON LYNN
Address: 882 N FOX MEADOW TERR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S (X) Change () Addition
Name: MANSFIELD, LYNNE
Address: 11108 W THOREAU PLACE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D () Change (X) Addition
Name: DREW, JOSEPH
Address: 5505 EAST TANGELO LANE
City-St-Zip: INVERNESS, FL 34453

Title: D () Change (X) Addition
Name: ROSE, IRIS
Address: 4124 S WASHINGTON POINT
City-St-Zip: HOMOSASSA, FL 34448

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON LYNN VETTER

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date