

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 07, 2008 8:00 am
Secretary of State**

07-07-2008 90003 047 ****61.25

DOCUMENT # N95000003745		
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 - No P.O. Box #

3. Mailing Address

865 N. Suncoast Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Crystal River, FL

Zip

Zip
34429

Country
USA

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

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

Name Lynne mansfield

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

865 N. Suncoast Blvd.

City Crystal River FL Zip Code 34429

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

Lynne mansfield

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 September 12, 2008**

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	T. GARRISON, BRUCE 34A KINGS BAY DRIVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Lynne mansfield 865 N. Suncoast Blvd Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LOVE, DENNIS E 10375 CORK FIR TERR CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Ray Hill 865 N. Suncoast Blvd Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VETTER, SHARON LYNN 882 N FOX MEADOW TERR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Davis 865 N. Suncoast Blvd Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. MANSFIELD, LYNNE 11108 W THOREAU PLACE CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Gary Emerson 865 N. Suncoast Blvd. Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DREW, JOSEPH 5505 EAST TANGELO LANE INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Donna mister 865 N. Suncoast Blvd. Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ROSE, IRIS 4124 S WASHINGTON POINT HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Tony meskar 865 N. Suncoast Blvd. Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lynne Mansfield* 6/30/08 352-563-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #