


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

40109697

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 865 N. Suncoast Blvd.		07022008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3338267	
City & State		City & State Crystal River, FL		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34429	USA	34429	USA		

6. Name and Address of Current Registered Agent		7. Name and Address of New 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 re-registering) DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME GARRISON, BRUCE STREET ADDRESS 34A KINGS BAY DRIVE CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	T. NAME Lynne Mansfield STREET ADDRESS 865 N. Suncoast Blvd CITY-ST-ZIP Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME LOVE, DENNIS E STREET ADDRESS 10375 CORK FIR TERR CITY-ST-ZIP CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	P. NAME Ray Hill STREET ADDRESS 865 N. Suncoast Blvd CITY-ST-ZIP Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME VETTER, SHARON LYNN STREET ADDRESS 882 N FOX MEADOW TERR CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	VP NAME Jim Davis STREET ADDRESS 865 N. Suncoast Blvd. CITY-ST-ZIP Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME MANSFIELD, LYNNE STREET ADDRESS 11108 W THOREAU PLACE CITY-ST-ZIP CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	S NAME Gary Emerson STREET ADDRESS 865 N. Suncoast Blvd. CITY-ST-ZIP Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME DREW, JOSEPH STREET ADDRESS 5505 EAST TANGELO LANE CITY-ST-ZIP INVERNESS, FL 34453	<input type="checkbox"/> Delete	D. NAME Donna mister STREET ADDRESS 865 N. Suncoast Blvd. CITY-ST-ZIP Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME ROSE, IRIS STREET ADDRESS 4124 S WASHINGTON POINT CITY-ST-ZIP HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	D. NAME Tony mesker STREET ADDRESS 865 N. Suncoast Blvd. CITY-ST-ZIP 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 #