

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 OCT 27 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| 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 865 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429 US | | |
| 2. Principal Place of Business - No P.O. Box # 882 N. Fox meadow Terr | | 3. Mailing Address 882 N. Fox meadow Terr | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Crystal River, FL | | City & State Crystal River, FL | | 4. FEI Number 59-3338267 | |
| Zip 34429 | | Country Citrus | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MANSFIELD, LYNNE 865 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429 | | | 7. Name and Address of New Registered Agent Name Sharon Vetter Street Address (P.O. Box Number is Not Acceptable) 882 N. Fox meadow Terr. 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, and accept the obligations of registered agent. SIGNATURE <u>Sharon Vetter</u> 10/20/08--01057--016 **\$1.25 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10/15/08 | | | | | |
| Amended AR is \$61.25 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE T NAME MANSFIELD, LYNNE STREET ADDRESS 865 N SUNCOAST BLVD CITY-ST-ZIP CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Delete | | TITLE T NAME Allyson Govoni STREET ADDRESS 4100 Dawson Dr. CITY-ST-ZIP Inverness, 34453 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE P NAME HILL, RAY STREET ADDRESS 865 N SUNCOAST BLVD CITY-ST-ZIP CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Delete | | TITLE P NAME Sharon Vetter STREET ADDRESS 882 N. Fox meadow Terr. CITY-ST-ZIP Crystal River, FL 34429 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME DAVIS, JIM STREET ADDRESS 865 N SUNCOAST BLVD CITY-ST-ZIP CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Delete | | TITLE VP NAME Michael Shier Sr. STREET ADDRESS 3912 W. Featheredge Ct. CITY-ST-ZIP Lecanto, FL 34461 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE S NAME EMERSON, GARY STREET ADDRESS 865 N SUNCOAST BLVD CITY-ST-ZIP CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Delete | | TITLE S NAME Samantha LaTorres STREET ADDRESS 854 NE 5th Ave CITY-ST-ZIP Crystal River, FL 34429 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME MISTER, DONNA STREET ADDRESS 865 N SUNCOAST BLVD CITY-ST-ZIP CRYSTAL RIVER, FL 34429 | <input type="checkbox"/> Delete | | TITLE D NAME Madolyn Chrysler STREET ADDRESS 882 N. Fox meadow Terr CITY-ST-ZIP Crystal River, FL 34429 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME MESKAR, TONY STREET ADDRESS 865 N SUNCOAST BLVD CITY-ST-ZIP CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME Robert Hagaman STREET ADDRESS 13 Hibiscus Ct. CITY-ST-ZIP Homosassa, FL 34446 | <input type="checkbox"/> Change <input checked="" 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: <u>Sharon Vetter</u> Sharon Vetter 10/15/08 352-564-2630 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |