

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005388 (0)

1. Corporation Name

COMMUNITY THEATER OF LAKE CITY, INC.



Principal Place of Business	Mailing Address
RT 4 BOX 111B LAKE CITY FL 32055	RT 4 BOX 111B LAKE CITY FL 32055

3. Date Incorporated or Qualified	09/19/1997
4. FEI Number	59-3490409
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. 915 N. Main St.	26. Rt 17 Box 811
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Lake City FL	28. City & State Lake City FL
24. Zip 32024	29. Zip 32055
25. Country USA	30. Country USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAFFORD, ANDREA N RT 4 BOX 111B LAKE CITY FL 32055	81. Name Janet S. Oakes
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. Rt 17 Box 811
	84. City Lake City FL
	85. Zip Code 32055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Janet S. Oakes Janet S. Oakes - Secretary/Treasurer 4/29/98
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Michelle Marshall D
STREET ADDRESS		1.3 STREET ADDRESS	915 N. Main St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lake City FL 32024
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Sonya Knight D
STREET ADDRESS		2.3 STREET ADDRESS	915 N. Main St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lake City FL 32024
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Janet S. Oakes D
STREET ADDRESS		3.3 STREET ADDRESS	915 N. Main St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake City FL 32024
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet S. Oakes Janet S. Oakes - Sec. Treas. 4/29/98 2238
 904-758

CR2E037 (10/97)