

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90060 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005388

1. Corporation Name

COMMUNITY THEATER OF LAKE CITY, INC.

Principal Place of Business

Mailing Address

915 N MAIN ST
LAKE CITY FL 32024
US

RT 17 BOX 811
LAKE CITY FL 32055
US

94491 90060 49



2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1665

26 P.O. Box 1665

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake City FL

28 Lake City FL

24 Zip 32056 25 Country USA

29 Zip 32056 30 Country USA

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

59-3490409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

OAKES, JANET
RT 17 BOX 811
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name Michele S. Marshall
82 Street Address (P.O. Box Number is Not Acceptable) 2978 212th Street
83 Rt. 5, Box 629
84 City Lake City FL 85 Zip Code 32024

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

Michele S. Marshall

Secretary/Treasurer

1/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, MICHELLE	
STREET ADDRESS	915 N MAIN ST	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KNIGHT, SONYA	
STREET ADDRESS	915 N MAIN ST	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	OAKES, JANET S	
STREET ADDRESS	915 N MAIN ST	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry Douglass	
1.3 STREET ADDRESS	420 E. Monroe Street	
1.4 CITY-ST-ZIP	lake city, FL 32025	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kurt Wisner	
2.3 STREET ADDRESS	Rt. 21, Box 5184	
2.4 CITY-ST-ZIP	lake city, FL 32055	
3.1 TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michele Marshall	
3.3 STREET ADDRESS	2978 212th Street	
3.4 CITY-ST-ZIP	lake city, FL 32024	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sonya Knight	
4.3 STREET ADDRESS	844 El Prado St.	
4.4 CITY-ST-ZIP	lake city, FL 32025	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

Michele S. Marshall

1/11/99

904-755-9023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)