

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90039 022 ****70.00

DOCUMENT # N98000001738					
1. Entity Name ISLAND COMMUNITY THEATRE, INCORPORATED					
Principal Place of Business PO BOX 9564 TREASURE ISLAND, FL 33740			Mailing Address PO BOX 9564 TREASURE ISLAND, FL 33740		
2. Principal Place of Business PO BOX 5108 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5108 Suite, Apt. #, etc.			
City & State Gulfport, FL		City & State Gulfport, FL		4. FEI Number 59-3501809	
Zip 33737		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCK, JEAN L 785 CAPRI BLVD TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent Name: <u>Stephen Simone, PA. CPA</u> Street Address (P.O. Box Number is Not Acceptable): <u>6439 Central Ave</u> City: <u>St. Petersburg</u> FL Zip Code: <u>33710-8411</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>07/11/2005</u>					
Filing Fee is \$61.25 Due by September 7, 2005		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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PD GOLLER, ELAINE C	7742 33RD AVE N	ST. PETERSBURG, FL 33710	<input type="checkbox"/>	
	VD WHITE, DONNA	8401 GULF BLVD	TREASURE ISLAND, FL 33706	<input type="checkbox"/>	
	TD BLOCK, JEAN L	785 CAPRI BLVD	TREASURE ISLAND, FL 33706	<input type="checkbox"/>	
	S PALUS, MARCIA	2683 W. BAY ISLE DR SE	ST. PETERSBURG, FL 33705	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	PP Phil Twitchel	2727 Haskell St. N.	St. Petersburg, FL 33704	<input checked="" type="checkbox"/>	
	TD Robert W. Dowling	6711 Date Palm Ave S.	St. Petersburg, FL 33707	<input checked="" type="checkbox"/>	
	SD Judy Landis	14039 Leeward Drive	Seminole, FL 33776	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
12. 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 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>[Signature]</u> 7/11/05 727-343-1951 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					