
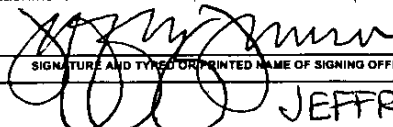


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90035 016 ****61.25

DOCUMENT # N98000001738 1. Entity Name ISLAND COMMUNITY THEATRE, INCORPORATED					
Principal Place of Business PO BOX 5108 GULFPORT, FL 33737			Mailing Address PO BOX 5108 GULFPORT, FL 33737		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		08212007 Chg-NP CR2E037 (12/06)
4. FEI Number 59-3501809				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONE, STEPHEN P.A. 6439 CENTRAL AVE SAINT PETERSBURG, FL 33710-8411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD TWITCHEL, PHIL 2727 HASKELL ST N SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENSEN, JEFF 1405 58TH ST SOUTH GULFPORT, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSS, DAWN 10800 US HWY 19 NORTH SUITE 218 PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDS, JUDY 14039 LEEWARD DRIVE SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Landis, Judy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Betts-Rice, Linda 1246 Lagoon Lane Treasure Island, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kastel, Rick 2581 Bramblewood Dr. E. Clearwater, FL 33763	<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: 		8-24-07 727-347-2014			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEFFREY JENSEN		Date Daytime Phone #			

ATTACHMENT

40130475

#N98000001738

2007-08 ICT
Officers

Prez	Jeff Jensen 1405 58th St. S. Gulfport FL 33707
VP	Linda Betts-Rice 12416 Lagoon Lane Treasure Island FL 33706
Secret	Judy Landis (same as last year)
Treas.	Rick Kastel 2581 Bramblewood Dr. E Clearwater, FL 33763