FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

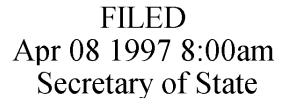
1997 DOCUMENT #

(1)

CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS,

Principal Place of Business

Mailing Address





1315 N. VAN NORTWICK RD. LECANTO FL 32681		1315 N. VAN NORTWICK LECANTO FL 34461-9710	1315 N. VAN NORTWICK RD. LECANTO FL 34461-9710				
					 Date Incorporated or Qualified 01/21/1966 	3a. Date of 03/2	Last Report 26/1996
2. Principal F	Place of Business	2a. Malling Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For
21		26 16 NE 5th 3	street	-	59-1154716		Not Applicable
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			E. Contilinate of Ctatus Desired	□ \$6	3.75 Additional
22		27			Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28 Crystal Riv		FL	Trust Fund Contribution Added to Fees		
Zip	Country	Zip Zip	Coun		8. This corporation has liability for i	. · —	· ·
24	25	29 34429-4164	30 (itrus		Yes ∐ No	
· · · · · · · · · · · · · · · · · · ·	9, Name and Address of	Current Registered Agent		1 Name	10. Name and Address of New Re	gistered Agen	<u>. </u>
0015	ALIEATER LI		'	7,5			
COLE,	CHESTER V.		82 Street		Address (P.O. Box Number is Not Acceptable)		
	. VAN NORTWICK ROAD		ļ.	3		 	
LEGAN	TO FL 32661		j'	"			
			Ē	4 City		— 85	Zip Code
44 D	4- the new delenant Continue (017 0700 4 017 1840 51 01		<u>. l</u>		FL °°	L
office or i	registered agentar both, in	ie State of Florida such chango was	tes, the abc authorized	by the corpo	orporation submits this statement for the poration's board of directors. I hereby accep	urpose or chan It the appointm	iging its registered ent as registered
agent. I s	im familiar with and accould	ne obligations of Section 617.0503, FI	orida Statu	es.	, ,	• • •	5
SIGNATURE	100	· co					
12.	Signature, typod or printed name of regi	istored agent and title if applicable. (NOT	13.	igent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE -	CTODE IN 12
TITLE	PD	DELETE	1.1 7010		ADDITIONS/CHANGES TO OFFIC		hange Addition
NAME	WHITTON, B.M. JR	C Piccie	1.2 NAM			,	nango nauttoir
STREET ADDRESS	4930 N. MAPLE TERRA	ACE	•				
*	HERNANDO FL	HOL	· ·	ET ADDRESS			
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	2.1 101V	- ST - ZIP		Пс	hange Addition
NAME	PEDRICK, RUTH		2 2 NAM				nongo noutron
STREET ADORESS	3930 N. SEMINOLE PT	r		ET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL	·		-ST-ZIP			
TITLE	<u> </u>		3.1 1011	 		Ö	hange Addition
NAME	ADDRESS DADIS		3.2 NAM			V	
STREET ADDRESS	1020 N CIRCLE DR.			ET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL		•	- S1- 2IP			
TITLE	TD	DELETE	4.1 TITU			По	hange Addition
NAME	JOYNER, SAMUEL		4. 2 NAN				
STREET ADDRESS	EAST HIGHWAY 44			ET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY				
TITLE	VD	☐ DELETE	5.1 TITLE				hange
NAME	ARMSTRONG, DAN W	<u> </u>	5.2 NAM			- •	
STREET ADDRESS	58 N ROBINHOOD RD			ET ADDRESS			
CITY-ST-ZIP	INVERNESS FL		5.4 CHY				
TITLE	1437 MINISTER T &	DELETE	6.1 1111.1				hange
NAME			6.2 NAM			—	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
UIII-01*4F							

I do 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 atlachment with an address.