

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 710236 (1)

1. Corporation Name

CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

Mailing Address

**1315 N. VAN NORTWICK RD.
LECANTO FL 32661**

**1315 N. VAN NORTWICK RD.
LECANTO FL 34461-8710**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 16 NE 5th Street 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
--	---

3. Date Incorporated or Qualified 01/21/1966	3a. Date of Last Report 03/26/1996
4. FEI Number 59-1154716	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, CHESTER V.
1315 N. VAN NORTWICK ROAD
LECANTO FL 32661

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 17.0502 and 617.0503, 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 *[Signature]* **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITTON, B.M. JR	1.2 NAME	
STREET ADDRESS	4930 N. MAPLE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEDRICK, RUTH	2.2 NAME	
STREET ADDRESS	3930 N. SEMINOLE PT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, DORUS	3.2 NAME	
STREET ADDRESS	1020 N CIRCLE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOYNER, SAMUEL	4.2 NAME	
STREET ADDRESS	EAST HIGHWAY 44	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, DAN W	5.2 NAME	
STREET ADDRESS	58 N ROBINHOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 attachment with an address.

CR2E037 (9/96)