**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Mar 01, 1999 8:00 am**
**Secretary of State**
03-01-1999 90021 037 ****70.00

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DOCUMENT # 710236

1. Corporation Name

CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1315 N. VAN NORTWICK RD.<br>LECANTO FL 32661 | 16 NE 5 ST<br>CRYSTAL RIVER FL 34429-4164<br>US |

| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| | 26 | 01/21/1966 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 59-1154716 ☐ Applied For ☐ Not Applicable |
| | 27 | |
| City & State | City & State | 5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required |
| | 28 | |
| Zip 25 Country | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| COLE, CHESTER V.<br>1315 N. VAN NORTWICK ROAD<br>LECANTO FL 32661 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | D ☐ Change ☒ Addition |
| NAME | WHITTON, B.M. JR | | 1.2 NAME | Dennis Miller |
| STREET ADDRESS | 4930 N. MAPLE TERRACE | | 1.3 STREET ADDRESS | 6216 E. Penrose St. |
| CITY-ST-ZIP | HERNANDO FL | | 1.4 CITY-ST-ZIP | Inverness, FL 34452-7946 |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | D ☐ Change ☒ Addition |
| NAME | PEDRICK, RUTH | | 2.2 NAME | E. David Detmer |
| STREET ADDRESS | 3930 N. SEMINOLE PT. | | 2.3 STREET ADDRESS | 855 Maylan Avenue |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 2.4 CITY-ST-ZIP | Lecanto, FL 34461 |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | D ☐ Change ☒ Addition |
| NAME | GREEN, DORUS | | 3.2 NAME | Irene R. Hupp |
| STREET ADDRESS | 1020 N CIRCLE DR. | | 3.3 STREET ADDRESS | N. Hwy 491 (P.O Box 170) |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 3.4 CITY-ST-ZIP | Lecanto, FL 34460-0170 |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | D ☐ Change ☒ Addition |
| NAME | JOYNER, SAMUEL | | 4.2 NAME | Pauline Allen |
| STREET ADDRESS | EAST HIGHWAY 44 | | 4.3 STREET ADDRESS | 695 N. Maylen Avenue |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 4.4 CITY-ST-ZIP | Lecanto FL 34461-8939 |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | D ☐ Change ☒ Addition |
| NAME | ARMSTRONG, DAN W | | 5.2 NAME | Neale Brennan |
| STREET ADDRESS | 58 N ROBINHOOD RD | | 5.3 STREET ADDRESS | 4351 E Parsons Point Road |
| CITY-ST-ZIP | INVERNESS FL | | 5.4 CITY-ST-ZIP | Hernando, FL 34442-3475 |
| TITLE | D | ☐ DELETE (add) | 6.1 TITLE | D ☐ Change ☒ Addition |
| NAME | Dr. Edward Dodge | | 6.2 NAME | Robert B Hepfer |
| STREET ADDRESS | 8700 E. Ft. Cooper Road | | 6.3 STREET ADDRESS | 5684 E. Carlton Court |
| CITY-ST-ZIP | Inverness FL 34450-7347 | | 6.4 CITY-ST-ZIP | Inverness, FL 34453 |

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:** Chester V. Cole REQUIRED X B.M. Whitton 1-27-99 352/795-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Chester V. Cole