FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:12

DOCUMENT # 724212 (6)

1. Corporation Name

THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIRE ARTMENT, INC

Principal Place of Business	Mailing Address
2189 NE 180TH LANE P.O. BOX 236 CITRA FL 32113	2189 NE 180TH LANE P.O. BOX 236 CITRA FL 32113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1972
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1802491 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROSBY, W. J.
2 ML E CITRA SR 318
CITRA FL 32113

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BAGLEY, EDWARD L	1.2 NAME	Mrs. Rex O. Perry
STREET ADDRESS	1 BK OF US 301	1.3 STREET ADDRESS	2 BK E OF US 301
CITY-ST-ZIP	CITRA, FL 00000	1.4 CITY-ST-ZIP	Citra, FL 32113
TITLE	PD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	MCGEE, JOHN S (CHMN)	2.2 NAME	Rob Mosley
STREET ADDRESS	1 1/2 ML W CITRA SR 318	2.3 STREET ADDRESS	6 BK 3 CR 318: 2 BK W US 301
CITY-ST-ZIP	CITRA, FL 00000	2.4 CITY-ST-ZIP	Citra, FL 32113
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, C W	3.2 NAME	
STREET ADDRESS	1 BK E OF US 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, REX O.	4.2 NAME	
STREET ADDRESS	2 BKS E OF US 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	CROSBY, W. J.	5.2 NAME	
STREET ADDRESS	2 ML E CITRA SR 318	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL	5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and 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.

SIGNATURE: W. J. Crosby W. J. CROSBY Feb 13,1995 904-595-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023215