FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

JAN 14, 1997 352 596 387/

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724212

2 (6)

THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIRE ARTMENT. INC

Principal Plac	e of Business	Mailing Address	Mailing Address			
2189 NE 180TH LANE 2189 NE 180TH LANE						
P.O. BOX 236		P.O. BOX 236				
CITRA FL 32113		CITRA FL 32113-0236			3. Date Incorporated or Qualified	3a. Date of Last Report
					08/28/1972	06/03/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		59-1802491	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27					C. Communication States Desired	Fee Required
City & State		City & State 28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in	. • _
24	4 25 29 29 9. Name and Address of Current Registered Agent		30]	Florida Statutes		
	9. Name and Address of Cure	ur uaðistalan viðalir	81	Name	10, Name and Address of New Reg	Instance Agent
60.00 0	*** *		"	INGINE		
CROSBY, W. J.			82 Street Address (P.O. Box Number is Not Acceptable)			
2 ML E CITRA SR 318 CITRA FL 32113			83		***************************************	
CIIKA FL	. 32113		00			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the above	e-named co	rporation submits this statement for the pi	roose of changing its registered
office or r agent. La	registored ageninor both, in the State im facilitar with, and accept the oblic	e of Florida. Such change was a pations of, Section 617,0503. Flo	authorized by orida Statutes	the corpora	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	- /) () / () . / /					AN 14 1998
	Signar / specifier printed name of registered ag	W.J. CROSBY Per land lite d'applicable (NOT)	E: Registered Age	nt signature requ	uired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	BAGLEY, EDWARD L		1.2 NAME			
STREET ADDRESS	1 BK OF US 301		1.3 STREET			
CITY - ST - ZIP	CITRA, FL 00000	DELETE	1.4 CITY - S	T-ZIP	selettere - restreen	District District
TITLE	PD COLL TOTAL & COLLAR		2.1 TITLE			Change Addition
NAME	MCGEE, JOHN S (CHMN)		2.2 NAME			
STREET ADDRESS	1 1/2 ML W CITRA SR 318		2.3 STREET			
CITY - ST - ZIP TITLE	CITRA, FL 00000	☐ DELETE	2. 4 C(TY - ST - Z(P 3.1 T(TLE			Change Addition
NAME	PERRY, C W		3.2 NAME			Change
STREET ADDRESS	1 BK E OF US 301			ADDRESS		
	CITRA, FL 00000		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
CITY - ST - ZIP	D	DELETE	4.1 TITLE			Change Addition
NAME	PERRY, REX O.		4.2 NAME			ட வக்க
STREET ADDRESS	2 BKS E OF US 301		4.3 STREET	ADDRESS		
CITY - ST - ZIP	CITRA FL		4.4 CITY - S			
TITLE	STD	☐ DELETE	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-S			
Tille	D	☐ DELETE	6 1 TITLE			Change Addition
NAME	PERRY, MRS. REX O.		6.2 NAME			
STREET ADDRESS	2 BK E OF US 301		6.3 STREET	ADDRESS		
CITY - ST - ZIP	CITRA FL		6.4 CITY - S	T-ZIP		
14. I do nerel	by cert by that the information supplied	ed with this filing does not quality	y for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certify that the
Laman o	ifficer or director of the corporation o	ir the receiver or trustee empow	ered to ever		at my signature shall have the same legal ort as required by Chapter 617, Florida St	
appears i	in Block 12 or Block 13 if changed o	or on an attachment with an add	iress.			-