

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 30 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified  
 08/28/1972  
 4. FEI Number 59-1802491  
 Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No *NA*

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGLEY, EDWARD L	
STREET ADDRESS	1 BK OF US 301	
CITY-ST-ZIP	CITRA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCQUEE, JOHN S (CHMN)	
STREET ADDRESS	1 1/2 ML W CITRA SR 318	
CITY-ST-ZIP	CITRA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, C W	
STREET ADDRESS	1 BK E OF US 301	
CITY-ST-ZIP	CITRA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, REX O.	
STREET ADDRESS	2 BKS E OF US 301	
CITY-ST-ZIP	CITRA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CROSBY, W. J.	
STREET ADDRESS	2 ML E CITRA SR 318	
CITY-ST-ZIP	CITRA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, MRS. REX O.	
STREET ADDRESS	2 BK E OF US 301	
CITY-ST-ZIP	CITRA FL	

DECEASED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *W. J. Crosby* JULY 23, 1998 352-585-3871  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)