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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 724212 (6)

1. Corporation Name

THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
2189 N.E. 180th LANE P.O. BOX 236 CITRA FL 32113	2189 N.E. 180th LANE P.O. Box 236 CITRA FL 32113

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/28/72
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1802491
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROSBY, W.J. 2 MI E of US301 ON CR 318 CITRA, FL 32113	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 reinstalling) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGLEY, EDWARD L.	1.2 NAME	SIMS, KAREN
STREET ADDRESS	1 BK W of US 301	1.3 STREET ADDRESS	2 BKS W OF US 301
CITY-ST-ZIP	CITRA, FL 32113	1.4 CITY-ST-ZIP	CITRA, FL 32113
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGEE, JOHN S, (CHMN)	2.2 NAME	BRINSON, KAREN
STREET ADDRESS	1 1/2 MI W OF US #301	2.3 STREET ADDRESS	8 MI E of US 301 on CR 318
CITY-ST-ZIP	CITRA, FL 32113	2.4 CITY-ST-ZIP	CITRA, FL 32113
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 32113	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry, REX O.	4.2 NAME	
STREET ADDRESS	2 BKS E OF US #)!	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, W.J.	5.2 NAME	
STREET ADDRESS	2 MI E OF US 301 on CR 318	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: W.J. Crosby W. J. CROSBY 3/23/99 352-595-3871
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)