## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N10982 DOCUMENT #
1. Corporation Name

(9)

CITRUS WOMEN'S ORGANIZATION, INC.									
Principal Place	of Business	Mailing Address				10 E13101 A01 E1011 00110 (0101 10110 E	KOT AKOTI OTOTI STORE OTOTI	I OTBE BIOTH FOOL	
13 W BYRSONIMA CT		13 W BYRSONIMA CT							
HOMOSASSA FL 34446		HOMOSASSA FL 34446							
US		US			,	3. Date Incorporated or Qualified	3a. Date of Last	Report	
						09/05/1985	05/01/1		
	ice of Business	2a. Mailing Address	,		_, ,	4. FEI Number		Applied For	
21 1010 1	N. SURVOAST BADD	26 1010 N. SI	nioa	57	Blud	59-2619034		Not Applicable	
Suite, Apt. #	♯, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	¥	5 Additional	
22 City 9 State		City & State					F66	Required	
City & State 23 Crys To	River, FL	28 CrissTal Kruer FL			-7	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip 24 344:	Country 25 Ci Trus	- 2////26 h	Zig Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24 39479   25 C 17U S   29   3947   30   9. Name and Address of Current Registered Agent						Florida Statutes LJ Yes LJ No  10. Name and Address of New Registered Agent			
81 Name									
BLEAKLEY, BETTY				82 Street Address (P.O. Box Number is Not Acceptable)					
1010 N SUNCOAST BLVD CRYSTAL RIVER FL 34429				<b>2</b>   3	ree; address (P.O. Box number is not acceptable)				
				3					
			8	4 C	ity		<b>85</b> Zi	ip Code	
44 Diversions to	a the previous of Coations 617 0500	and £17.1600. Elevido Statutos	the about	1	and normarati	ion cultivite this statement for the curre	FL o	rogistared office	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sorreture required when reinstating)  DATE									
12.	Signature, typed or printed name of registered agent at OFFICERS AND		13.	jent s.g	rature required w	ADDITIONS/CHANGES TO OF FIG		08S IN 12	
TITLE	PD	DELETE	1.1 TITLE	:	PI		Change	☐ Addition	
NAME	MAYFIELD, MARYBETH		1.2 NAM	E					
STREET ADDRESS	161 SW 3RD ST		1.3 STRE	ET ADI	RESS 7/	urch. Jeanne 19 SE FIRST CT.			
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY	- ST - Z	PCI	4 SE FIRST CT. 45Tal RIVER, 1-6 3	4429		
TITLE	VD	DELETE	2.1 T(TLE			_	✓ Change	☐ Addition	
NAME	MARCH, JEANNE		2 2 NAM	E	4	2 Price			
STREET ADDRESS	719 SE FIRST CT		2.3 STRE		RESS 84	4 SE FIRST CT			
CITY-ST-ZIP TITLE	CRYSTAL RIVER FL TD	DELETE	2. 4 City 3.1 Title		TD	YSTAI RIVER, FC	34429 DChange	Addition	
NAME .	CRANDALL, GINNY		3 2 NAM				E.J 3.		
STREET ADDRESS	6150 E QUINCY ST		3 3 STRE		DRESS # 0	Try Bleakley Blue	/		
CITY-ST-ZIP	INVERNESS FL		3 4. CITY		IP EI	ystal River, FL 3	24429		
TITLE	SD	DELETE	4 1 TITLE		57	o <sup>r</sup>	<b>∑</b> Change	☐ Addition	
NAME	BLEAKLEY, BETTY		4 2 NAN	<b>MÉ</b>	50	ne Daquanna my se finst of ystal River, fi			
STREET ADDRESS	1010 N SUNCOAST BLVD		43 STRE	ET ADI	DRESS 64	W SE OFIRST CT.	_		
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CHY	-ST-Z	P Cu	ystal River, FL	34429		
TITLE		DELETE	5.1 TITLE	E	1	•	☐ Change	■ Addition	
NAME			5 2 NAM						
STREET ADDRESS			53 STRE						
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6 1 TITLE		IP		☐ Change	☐ Addition	
NAME			6 2 NAM				Onlingo		
STREET ADDRESS			6.3 STRE		DRESS				
CITY-ST-2IP			6.5 S 77 C						
14. I do hereb	y certify that the information supplied w	ith this filing is voluntarily furnis	hed and de	oes n	ot qualify for	the exemption stated in Section 119.0	)7(3)(k), Florida Statu	ites. 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.									

Otto Bledly - Betty Bleakky 4-30-96 352-745-5/18 Date Dayline Prone # SIGNATURE: