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Jul 16 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 # N17632 (3)  
1. Corporation Name  
CITRUS HILLS WOMEN'S CLUB, INC.



Principal Place of Business Mailing Address  
P. O. BOX 1494 HERNANDO FL 34442 US  
P. O. BOX 1494 HERNANDO FL 34442 US

3. Date Incorporated or Qualified  
11/03/1986  
4. FEI Number  
59-2952634  
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 Country 28 Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent  
HAMLIN, CLARA L.  
684 E. KELLER CT  
HERNANDO FL 34442

10. Name and Address of New Registered Agent  
81 Name Egan Bette June  
82 Street Address (P.O. Box Number is Not Acceptable) 598 E. Rehill St.  
83 Lecanto, FL 34461  
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 *Bette June Egan* Bette June Egan 3-1-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAMLIN, CLARA L.	
STREET ADDRESS	684 E KELLER CT	
CITY-ST-ZIP	HERNANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSEBERRY, MILDRED	
STREET ADDRESS	270 W LIBERTY ST	
CITY-ST-ZIP	HERNANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THURSTON, PATRICCIA	
STREET ADDRESS	608 E JENKINS CT	
CITY-ST-ZIP	HERNANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KAZURA, FRANCES	
STREET ADDRESS	230 E FALCONRY CT	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Egan, Bette June	
1.3 STREET ADDRESS	598 E. Rehill St.	
1.4 CITY-ST-ZIP	Lecanto, FL 34461	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rosenberry, Mildred	
2.3 STREET ADDRESS	270 W. Liberty	
2.4 CITY-ST-ZIP	Hernando, FL 34442	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Langf, Connie	
3.3 STREET ADDRESS	1537 E. Ventnor Lane	
3.4 CITY-ST-ZIP	Inverness, FL 34453	
4.1 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pritchard, Elaine	
4.3 STREET ADDRESS	255 W. Britian St.	
4.4 CITY-ST-ZIP	Hernando, FL 34442	
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)(l), 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: *Frances Kazura* Frances Kazura 3-1-98

CP2E037 (10/97)