

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90040 019 \*\*\*\*61.25

DOCUMENT # N17632

1. Corporation Name

CITRUS HILLS WOMEN'S CLUB, INC.

Principal Place of Business

P. O. BOX 1494  
HERNANDO FL 34442  
US

Mailing Address

P. O. BOX 1494  
HERNANDO FL 34442  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/03/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2952634	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EGAN, BETTE JUNE 598 E REHILL ST LECANTO FL 34461				81 Name <i>Rosenberry, Mildred</i>	
				82 Street Address (P.O. Box Number is Not Acceptable) <i>270 W. Liberty</i>	
				83 <i>Hernando</i>	
				84 City <i>Hernando</i> FL 85 Zip Code <i>34442</i>	
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 <i>Mildred Rosenberry</i> - <i>Mildred Rosenberry</i> DATE <i>5-12-99</i>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <i>PD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <i>Stoops, Elaine</i>					
1.3 STREET ADDRESS <i>1393 N. Annapolis Ave</i>					
1.4 CITY-ST-ZIP <i>Hernando, FL 34442</i>					
2.1 TITLE <i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <i>Rosenberry, Mildred</i>					
2.3 STREET ADDRESS <i>270 W. Liberty</i>					
2.4 CITY-ST-ZIP <i>Hernando, FL 34442</i>					
3.1 TITLE <i>TD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <i>Donahue, Diane</i>					
3.3 STREET ADDRESS <i>115 N. Legion Terr</i>					
3.4 CITY-ST-ZIP <i>Hernando, FL 34442</i>					
4.1 TITLE <i>SD</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <i>Joyce Simek</i>					
4.3 STREET ADDRESS <i>1871 E. Alegre</i>					
4.4 CITY-ST-ZIP <i>Inverness, FL 34453</i>					
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, with all other like empowered.

SIGNATURE: *Mildred Rosenberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-1-99*  
Date

Daytime Phone #

CR2E037 (11/98)

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