Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17632

1. Corporation Name

23

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Zip

CITRUS HILLS WOMEN'S CLUB, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business	Mailing Address	
P. O .BOX 1494 HERNANDO FL 34442 US	P. O. BOX 1494 HERNANDO FL 34442 US	
Principal Place of Business 1	2a. Mailing Address 26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

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Zip

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

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



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

11/03/1986 4. FEI Number

59-2952634

			81 Name	Rosenberry Milde	red		
EGAN, BE	TTE JUNE		82 Stree	t Address (P.O. Box Number is Not Accept	able)		
598 E REH				270 W. Liberty			
LECANTO			83	Banada			
220,4110	1201101		84 City	wer and a	85 Zip Code		
			[],	Hernando	FL 34442		
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.							
-	Carley 1) Continue	mi	Idrad Dre	co.herry	5-12-99		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature	required wherereinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		FICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	PD	Tenange Addition		
NAME	EGAN, BETTE JUNE		1.2 NAME	Stoops, Elaine 1393 N. annapoli Hernando, FL. Director	· Acce		
STREET ADDRESS	598 E REHILL STREET		1.3 STREET ADDRES	s 1393 N anna poll	3 100		
CITY-ST-ZIP	LECANTO FL 34461		1.4 CITY-ST-ZIP	Hernando, FL.	34442		
TITLE	Director	DELETE	2.1 TITLE	pirector .	Z Change ☐ Addition		
NAME	ROSENBERRY, MILDRED		2.2 NAME	Rosenberry, Mil sazo w Liberty	dred		
STREET ADDRESS	270 W LIBERTY		2.3 STREET ADDRES	s 270 W Liberty			
CITY-ST-ZIP	HERNANDO FL 34442		2. 4 CITY-ST-ZIP	Hernando FL			
TITLE	TD	DELETE	3.1 TITLE	70	Change ☐ Addition		
NAME	LANGE, CONNIE		3.2 NAME	Donahue, Diane	j		
STREET ADDRESS	1537 E VENTROR LANE		3.3 STREET ADDRES		r l		
CITY-ST-ZIP	INVERNESS FL 34453		3.4. CITY-ST-ZIP	Hernando, FL 30	4442		
TITLE	SD	DELETE	4.1 TITLE				
NAME	PRITCHARD, ELAINE		4. 2 NAME	Joyce Simek			
STREET ADDRESS	255 W BRITAIN STREET		4.3 STREET ADDRES	Joyce Simek 1871 E. Allegre Inverness, FL			
City-st-zip	HERNANDO FL 34442		4.4 CITY-ST-ZIP	Inverness FL	34455		
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRES	s			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME		Ì		
STREET ADDRESS			6.3 STREET ADDRES	s	J		
CITY-ST-ZIP			6.4 C/TY-ST-ZIP				
44	antifu that the information available with this filing door	-1		ed in Section 110 07/3Vi) Florida Statutos	I further certify that the information		

Country

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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 in mormation 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5-1-99

Daytime Phone #