

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/03/1986	4. FEI Number 59-2952634 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent EGAN, BETTE JUNE 598 E REHILL ST LECANTO FL 34461	10. Name and Address of New Registered Agent 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>
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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 *Mildred Rosenberry* *Mildred Rosenberry* DATE *5-12-99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME EGAN, BETTE JUNE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 598 E REHILL STREET		1.2 NAME <i>Stoops, Elaine</i>	
CITY-ST-ZIP LECANTO FL 34461		1.3 STREET ADDRESS <i>1393 N. Annapolis Ave</i>	
TITLE <input type="checkbox"/> DELETE	NAME <i>Director</i>	1.4 CITY-ST-ZIP <i>Hernando, FL 34442</i>	
STREET ADDRESS ROSENBERY, MILDRED		2.1 TITLE <i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 270 W LIBERTY		2.2 NAME <i>Rosenberry, Mildred</i>	
TITLE <input type="checkbox"/> DELETE	NAME TD	2.3 STREET ADDRESS <i>270 W. Liberty</i>	
STREET ADDRESS LANGE, CONNIE		2.4 CITY-ST-ZIP <i>Hernando, FL 34442</i>	
CITY-ST-ZIP 1537 E VENTROR LANE		3.1 TITLE <i>TD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME SD	3.2 NAME <i>Donahue, Diane</i>	
STREET ADDRESS PRITCHARD, ELAINE		3.3 STREET ADDRESS <i>115 N. Legion Terr</i>	
CITY-ST-ZIP 255 W BRITAIN STREET		3.4 CITY-ST-ZIP <i>Hernando, FL 34442</i>	
TITLE <input type="checkbox"/> DELETE	NAME SD	4.1 TITLE <i>SD</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 255 W BRITAIN STREET		4.2 NAME <i>Joyce Simcik</i>	
CITY-ST-ZIP 255 W BRITAIN STREET		4.3 STREET ADDRESS <i>1871 E. Alegre</i>	
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP <i>INVERNESS, FL 34453</i>	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		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* DATE: *5-1-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0069805

CR2E037 (11/98)