

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90018 043 ****61.25

DOCUMENT # N17632
 1. Entity Name
 CITRUS HILLS WOMEN'S CLUB, INC.



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

14000308



2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

03132004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2952634 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUPERSON, JACKIE
 842 MAN-O-WAR
 INVERNESS, FL 34453

7. Name and Address of New Registered Agent
 Name Barbara Fosse
 Street Address (P.O. Box Number is Not Acceptable)
 322 W. Mickey Mantle Path
 City Hernando FL Zip Code 34442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Barbara L. Fosse* DATE 3-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SUPERSON, JACKIE STREET ADDRESS 842 N. MAN-O-WAR CITY-ST-ZIP INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Barbara Fosse STREET ADDRESS 322 W. Mickey Mantle Path CITY-ST-ZIP Hernando, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SIMON, PEGGY ANN STREET ADDRESS 1428 EALLEGRIE DR CITY-ST-ZIP INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Elise Dantoni STREET ADDRESS 236 N. Hambletonian Drive CITY-ST-ZIP Hernando, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MCCLAMROCH, CAROL STREET ADDRESS 84 W. ST DOURR PATH CITY-ST-ZIP HERNANDO, FL 34442	<input checked="" type="checkbox"/> Delete	TITLE S NAME Pat Rockwell STREET ADDRESS 111 W. Doerr Path CITY-ST-ZIP Hernando, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MCKINNON, MARIAN STREET ADDRESS 1120 N. SPEND-A-BUCK DR CITY-ST-ZIP INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Claudia St. Hilaire STREET ADDRESS 620 N. Heathrow Drive CITY-ST-ZIP Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claudia St. Hilaire, Treasurer* Date 3/15/04 Daytime Phone # (352) 726-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR