


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90027 011 ****61.25

DOCUMENT # N17632
 1. Entity 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

50056590



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2952634**
 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
DONAHUE, DIANE M
407 W. DOERR PATH
HERNANDO FL 34442

7. Name and Address of New Registered Agent
 Name Peterman, Carol
 Street Address (P.O. Box Number is Not Acceptable)
4212 N. Monadnock Rd
 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 Carol Peterman Carol Peterman 7-16-05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONAHUE, DIANE	
STREET ADDRESS	407 W. DOERR PATH	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETRUSKA, JEAN	
STREET ADDRESS	1391 E. TRIPLE CROWN LOOP	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERS, LYNN	
STREET ADDRESS	1853 E. HARTFORD ST.	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CIRIELLO, ANN	
STREET ADDRESS	581 E. KELLER CT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peterman, Carol	
STREET ADDRESS	4212 N. Monadnock Rd	
CITY-ST-ZIP	Hernando, FL 34442	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borick, Patricia	
STREET ADDRESS	3472 N. Eisenhower Ave	
CITY-ST-ZIP	Hernando FL 34442	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peters, Lynn	
STREET ADDRESS	1853 E. Hartford St.	
CITY-ST-ZIP	Inverness, FL 34453	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heerwagen, Mary	
STREET ADDRESS	3620 N. Indianhead Rd	
CITY-ST-ZIP	Hernando FL 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary Heerwagen Mary Heerwagen 7-16-05 (352) 527-6920
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #