

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N22101 (2)**  
1. Corporation Name  
**SPANISH-AMERICAN CLUB OF CITRUS COUNTY, INC.**



Principal Place of Business: **1312 POE ST. INVERNESS FL 34450**  
Mailing Address: **P.O. BOX 2591 INVERNESS FL 34452 US**

3. Date Incorporated or Qualified: **08/17/1987**  
3a. Date of Last Report: **01/30/1995**  
4. FEI Number: **59-2880238**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt. #, etc., City & State, and Zip/Country information.

9. Name and Address of Current Registered Agent: **CABRERA, LINDA, 1312 POE ST. INVERNESS FL 34450**  
10. Name and Address of New Registered Agent (81-84):  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

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: *Laura R. Jones* (Signature of Registered Agent) and *DAWN TORRES, Secretary* (Signature of Registered Agent)  
Date: *1/29/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: CALDEROW, EDUARDO M STREET ADDRESS: 6476 E. MOBILE ST. CITY-ST-ZIP: INVERNESS FL 34452	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: ANIDA CABRERA-CABRERA, LINDA 1.3 STREET ADDRESS: 1312 POE ST 1.4 CITY-ST-ZIP: INVERNESS FL 34450	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: DAVILA, ANGEL STREET ADDRESS: 2908 S. LOCHVERNESS POINT CITY-ST-ZIP: INVERNESS FL	<input type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CALDERON, FRANCES STREET ADDRESS: 6354 E. GENTRY ST. CITY-ST-ZIP: INVERNESS FL 34452	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: S 3.2 NAME: DAWN TORRES TORRES, DAWN 3.3 STREET ADDRESS: 6490 E GLENCOE ST 3.4 CITY-ST-ZIP: INVERNESS FL 34452	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BOWE, RAYMOND STREET ADDRESS: 1312 POE ST. CITY-ST-ZIP: INVERNESS FL 34450	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CALDERON, EMILIO STREET ADDRESS: 6354 E. GENTRY ST. CITY-ST-ZIP: INVERNESS FL	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TR NAME: VELEZ, ARSENIO STREET ADDRESS: 1116 BLOOMFIELD DR. CITY-ST-ZIP: INVERNESS FL	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Laura R. Jones* (Signature of Signing Officer or Director) and *DAWN TORRES, Secretary* (Signature of Signing Officer or Director)  
Date: *1/29/96* Daytime Phone #: *904 344-4615*

CR2E037 (12/95)