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NONPROFIT CORPORATION ANNUAL REPORT 1999

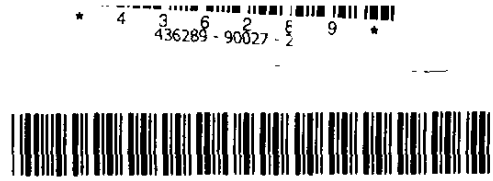


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N44402**

1. Corporation Name
CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC.

Principal Place of Business: 105 SE HWY 19, CRYSTAL RIVER FL 32629
 Mailing Address: 105 SE HWY 19, CRYSTAL RIVER FL 32629



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/28/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3068965
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOPKINS, MICHAEL M 1701 SE FORT KING STREET OCALA FL 32671		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD MAZZEI, JEAN	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P O BOX 190 N/A	1.2 NAME	Steve Parker
CITY-ST-ZIP	HOMOSSASSA SPRINGS FL 34447	1.3 STREET ADDRESS	2020 Hwy 44 W
TITLE	PD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Inverness FL 34453
NAME	REYNOLDS, JACK	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	FIRST NAT'L BANK, P.O. BOX 2650 N/A	2.2 NAME	Charles T. Grimes
CITY-ST-ZIP	CRYSTAL RIVER FL	2.3 STREET ADDRESS	4806 W Gypsum Dr
TITLE	VD <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Beverly Hills FL 34465
NAME	TODD, WAYNE	3.1 TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8941 W. ANNA GAIL LANE	3.2 NAME	Maureen Whitaker
CITY-ST-ZIP	CRYSTAL RIVER FL	3.3 STREET ADDRESS	105 SE Hwy 19
TITLE	PD <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	Crystal River FL 34429
NAME	DAVIS, JOYCE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P. O. BOX 2356 N/A	4.2 NAME	
CITY-ST-ZIP	HOMOSSASSA SPRINGS FL 34447	4.3 STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	WALLIN, BRIAN L	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6899 W. CYRUS ST	5.2 NAME	
CITY-ST-ZIP	CRYSTAL RIVER FL	5.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	ELLIOTT, WILLIAM M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ROUTE 1, BOX 540-I	6.2 NAME	
CITY-ST-ZIP	MORRISTON FL	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: *Maureen Whitaker* MAUREEN WHITAKER 4-26-99 352-795-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)