

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N50814 (5)**

1. Corporation Name

**CITRUS COUNTY YOUTH SPORTS COUNCIL, INC.**



Principal Place of Business

Mailing Address

**434 N. VENTURI AVE.  
 CRYSTAL RIVER FL 34429**

**P.O. BOX 774  
 LECANTO FL 34461**

3. Date Incorporated or Qualified  
**09/11/1992**

3a. Date of Last Report  
**07/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-3145507**

Applied For

Not Applicable

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

**9. Name and Address of Current Registered Agent**

**BANDHAUER, DIANNA S.  
 434 N. VENTURI AVE.  
 CRYSTAL RIVER FL 34429**

**10. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **PD**  DELETE

NAME **DANDHAUER, DIANNA**  
 STREET ADDRESS **434 N VENTURI AVE**  
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **S**  DELETE

NAME **PALMER, JILL**  
 STREET ADDRESS **609 E. VINE ST**  
 CITY-ST-ZIP **INVERNESS FL 34451**

TITLE **TD**  DELETE

NAME **HOKI, ROBERT**  
 STREET ADDRESS **919 W MASSACHUSETTS ST**  
 CITY-ST-ZIP **HERNANDO FL**

TITLE **DVP**  DELETE

NAME **POMBIER, MICHAEL K.**  
 STREET ADDRESS **3220 S ARUNDEL TERR**  
 CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D**  DELETE

NAME **TREADWAY, DENNIS**  
 STREET ADDRESS **6139 W PINE CIR**  
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE  Change  Addition

12 NAME

*Bandhauer,*

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

*Dianna S. Bandhauer* **Dianna S. Bandhauer** June 26, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-795-9710

CR2E037 (3/96)