

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000009245

Entity Name: CITRUS NEWCOMERS CLUB INC.

Current Principal Place of Business:

1723 N BOGEY PT
HERNANDO, FL 34442

Current Mailing Address:

793 W MAYS PATH
HERNANDO, FL 34442 US

FEI Number: 41-2210078

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SALTMARSH, JANICE M
3600 E GULF TO LAKE HIGHWAY
INVERNESS, FL 34453 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HEINEMAN, OLGA C
Address 1723 N BOGEY PT
City-State-Zip: HERNANDO FL 34442

Title RECORDING SECRETARY
Name GOODALL, KAREN
Address 2885 N MARIAH PT
City-State-Zip: LECANTO FL 34461

Title PARLIAMENTARIAN
Name HNAT, SUSAN
Address 534 W DOERR PATH
City-State-Zip: HERNANDO FL 34442

Title FIRST VICE PRESIDENT
Name KEADLE, REGINA
Address 57 W ALBANY LANE
City-State-Zip: HERNANDO, FL 34442 FL 34442

Title PRESIDENT
Name GROVES, BONNIE
Address 793 W MAYS PATH
City-State-Zip: HERNANDO, FL 34442 FL 34442

Title ASSISTANT LUNCHEONS
Name BUCCI, BUNNY
Address 174 W ROMANY LOOP
City-State-Zip: BEVERLY HILLS FL 34465

Title VP, LUNCHEONS
Name SHEFTEL, CYNDI
Address 1278 N CHERRY POP DR.
City-State-Zip: HERNANDO FL 34442

Title VP, ACTIVITIES
Name GRECO, BARBARA
Address 519 W OLYMPIA ST
City-State-Zip: HERNANDO FL 34442

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLGA C HEINEMAN

TREASURER

11/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, MEMBERSHIP
Name SCHAFFER, CATHY
Address 1 POPPY ST
City-State-Zip: HOMOSASSA FL 34446

Title ASSISTANT PROGRAMS
Name FRANK, GLORIA
Address 816 N CHERRY POP DR.
City-State-Zip: INVERNESS FL 34453

Title ASSISTANT MEMBERSHIP
Name MILLER, LORIE
Address 1130 W BEAGLE RUN LOOP
City-State-Zip: HERNANDO FL 34442

Title ASSISTANT RECORDING SECRETARY
Name REIBER, SHARON
Address 2663 N BRENTWOOD CIRCLE
City-State-Zip: LECANTO FL 34461

Title ASSISTANT ACTIVITIES
Name NANCY, HARNEY
Address 2416 N BRENTWOOD CIRCLE
City-State-Zip: LECANTO FL 34461

Title ASSISTANT CORRESPONDING
SECRETARY
Name FOWLER, PEG
Address 3634 N LUCILLE DR
City-State-Zip: BEVERLY HILLS FL 34465

Title VP, PROGRAMS
Name BELANGER, LINDA
Address 1704 E. ST. JAMES LOOP
City-State-Zip: INVERNESS FL 34453

Title CORRESPONDING SECRETARY
Name MOORE, JACQUELINE
Address 4282 S PURSLANE DR.
City-State-Zip: HOMOSASSA FL 34448

Title ASSISTANT TREASURER
Name CELLANA, JOAN
Address 2141 N HERITAGE OAKS PATH
City-State-Zip: HERNANDO FL 34442