

2020 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:

PO BOX 418
LECANTO, FL 34460-0418

FEI Number: 41-2210078

Certificate of Status Desired: No

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 BUESCHING, BONNIE
Address 1475 N RIDGE MEADOW PATH
City-State-Zip: HERNANDO FL 34442

Title PARLIAMENTARIAN
Name HARVEY, CHRIS
Address 1137 N NASHUA TERRACE
City-State-Zip: INVERNESS FL 34453

Title PRESIDENT
Name MAXWELL, SHARON
Address 3050 W MUSTANG BLVD
City-State-Zip: BEVERLY HILLS FL 34465

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

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

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

Title VP, MEMBERSHIP
Name HOLLEY, DAWN
Address 955 N HUNT CLUB DRIVE
City-State-Zip: HERNANDO, FL 34442 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

02/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name LUNDBERG, ANNE
Address 1766 W FOXGLEN CT
City-State-Zip: HERNANDO FL 34442

Title ASSISTANT ACTIVITIES
Name BERG, RUTHIE
Address 1642 N SHADOWVIEW PATH
City-State-Zip: HERNANDO FL 34442

Title ASSISTANT RECORDING SECRETARY
Name NEWMAN, NANCY
Address 1556 N MCCOVEY PT
City-State-Zip: HERNANDO FL 34442

Title ASSISTANT PROGRAMS
Name WORTHINGTON, DEBORAH
Address 3540 W TREYBURN PATH
City-State-Zip: LECANTO FL 34461

Title ASSISTANT MEMBERSHIP
Name LYNN, MAZZIE
Address 1580 N JIMMIE FOXX PPATH
City-State-Zip: HERNANDO FL 34442

Title VP, ACTIVITIES
Name WILSON, SHERRY L
Address 1181 W DIAMOND SHORE LOOP
City-State-Zip: HERNANDO FL 34442

Title ASSISTANT CORRESPONDING
SECRETARY
Name SCHAFFER, CATHY
Address 1 POPPY ST
City-State-Zip: HOMOSASSA FL 34446

Title ASSISTANT LUNCHEONS
Name SAVITT, LISA
Address 1675 W CAROLINE PATH
City-State-Zip: LECANTO FL 34461

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