

**2022 FLORIDA NOT FOR PROFIT CORPORATION 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: 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            PARLIAMENTARIAN  
Name           HNAT, SUSAN  
Address        534 W DOERR PATH  
City-State-Zip: HERNANDO FL 34442

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

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

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

Title            FIRST VICE PRESIDENT  
Name           KEADLE, REGINA  
Address        57 W ALBANY LANE  
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, ACTIVITIES  
Name           GRECO, BARBARA  
Address        519 W OLYMPIA ST  
City-State-Zip: HERNANDO FL 34442

**Continues on page 2**

*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****01/06/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title ASSISTANT LUNCHEONS  
Name SUMNER, JILL HOPE  
Address 2163 N BRENTWOOD CIRCLE  
City-State-Zip: LECANTO FL 34461

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

Title ASSISTANT MEMBERSHIP  
Name KLUN, MARIE  
Address 1295 W SKYVIEW CROSSING DR  
City-State-Zip: HERNANDO FL 34442

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