

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


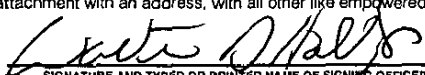
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Apr 16, 2004 8:00 am
Secretary of State

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04132004 Chg-NP CR2E037 (10/03)

DOCUMENT # 705410					
1. Entity Name CITRUS CENTER BOYS AND GIRLS CLUBS, INC.					
Principal Place of Business 2400 HAVENDALE BLVD PO BOX 2666 WINTER HAVEN, FL 33883			Mailing Address 2400 HAVENDALE BLVD PO BOX 2666 WINTER HAVEN, FL 33883		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0776417	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, KERRY 141 5TH ST. N.W. WINTER HAVEN, FL 33881			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, KERRY		NAME		
STREET ADDRESS	141 5TH ST. N.W.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, CHARLES		NAME	ROBERT L. KRIEGER	
STREET ADDRESS	12 GOLFVIEW CIRCLE NE		STREET ADDRESS	1115 6th ST SW	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, MIKE		NAME		
STREET ADDRESS	5580 CYPRESS GARDENS BLVD SE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, VALERIE		NAME		
STREET ADDRESS	245 EAST LAKE DEER DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, TERRI		NAME	JESS SCARBROUGH TD	
STREET ADDRESS	525 POPE AVE NW		STREET ADDRESS	525 POPE AVE NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, WALTER D SR		NAME		
STREET ADDRESS	238 7TH L HAMILTON		STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON, FL		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		WALTER D HALL SR 4/13/04 863 967-1532			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			