


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90172 006 ****61.25

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0776417	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, KERRY 141 5TH ST. N.W. WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>Kerry Wilson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04-06-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, KERRY 141 5TH ST. N.W. WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>WILSON, KERRY</u> <u>141 5TH ST NW</u> <u>WINTER HAVEN FL 33881</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LKRIEGER, ROBERT 1115 6TH ST., SW WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>TRIEGER, Robert</u> <u>1115 6TH ST SW</u> <u>WINTER HAVEN FL 33880</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, MIKE 5580 CYPRESS GARDENS BLVD SE WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, VALERIE 245 EAST LAKE DEER DR. WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCARBROUGH, JEFF 525 POPE AVE NW WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HALL, WALTER D SR 238 7TH L HAMILTON LAKE HAMILTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <u>Walter D Hall Sr</u> <u>WALTER D HALL SR</u> 4/06/05 863 967-1532 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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