

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90175 038 \*\*\*\*61.25

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04042006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 705410</b> 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		4. FEI Number 59-0776417	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, KERRY 141 5TH ST. N.W. WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBBIE TENNICK 325 W. CENTRAL AVE WINTER HAVEN FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LKRIEGER, ROBERT 1115 6TH ST., SW WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETE CHICHETTO 451 3RD ST NW WINTER HAVEN FL 33881	
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	PD KRIEGER ROBERT 1115 6TH ST SW WINTER HAVEN FL 33880	
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	[Empty]	
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	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Walter D Hall, Sr</i> <b>WALTER D HALL, SR EXECUTIVE DIRECTOR 4-19-06-863-967-1532</b>					