

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708580 (6)

1. Corporation Name

CITRUS COUNTY LAKE IMPROVEMENT AND SPORTSMANS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1300 S. LECANTO HIGHWAY
P.O. BOX 440
LECANTO FL 34461
US

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P.O. BOX 440
LECANTO FL 34461
US

3. Date Incorporated or Qualified
03/02/1965

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, PHIL
2534 N. PARK PT.
HERNANDO FL 34442

81 Name

RONALD E. PEKINS

82

Street Address (P.O. Box Number is Not Acceptable)
8860 E. ROSEMONT STREET

83

84 City

INVERNESS

FL

85 Zip Code
34450

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

3/15/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PHILLIPS, PHIL W.
STREET ADDRESS 2534 N. PARK PT.
CITY-ST-ZIP HERNANDO FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PEKINS, RONALD E.
1.3 STREET ADDRESS 8860 E. ROSEMONT STREET
1.4 CITY-ST-ZIP INVERNESS, FL 34450 D

TITLE VP ☒ DELETE
NAME RAISOR, CHARLES
STREET ADDRESS 9333 E. KENOSHA CT.
CITY-ST-ZIP FLORAL CITY, FL. 0

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME NARDOLILLO, MICHAEL
2.3 STREET ADDRESS 5866 N. PARK RIDGE WAY
2.4 CITY-ST-ZIP HERNANDO, FL 34446 D

TITLE STD ☒ DELETE
NAME BURNS, RUTH
STREET ADDRESS 3560 SO DIAMOND AVE
CITY-ST-ZIP INVERNESS FL

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME SAMPL, TIM
3.3 STREET ADDRESS 2011 CATTLEMEN DRIVE
3.4 CITY-ST-ZIP BRANDON, FL 33511 D

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME BRANNEN, EDMOND
4.3 STREET ADDRESS 5732 W. WOODLAWN STREET
4.4 CITY-ST-ZIP DUNNELLON, FL 34433 D

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE 400001753654 ☐ Change ☐ Addition
6.2 NAME -03/22/96--01010--021
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD E. PEKINS

2/26/96
Date

352-726-9799
Daytime Phone #

CR2E037 (12/95)