

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716388

FILED
Apr 21, 2006
Secretary of State

Entity Name: THE CITRUS COUNTY BAR ASSOCIATION, INC.

Current Principal Place of Business:

121 N. APOPKA AVENUE
INVERNESS, FL 344504237 US

New Principal Place of Business:

213 COURTHOUSE SQUARE
INVERNESS, FL 34450 US

Current Mailing Address:

P.O. BOX 574
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-2957650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, RICHARD S.
213 N. APOPKA AVE.
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

JAMES A. NEAL JR., PA
213 COURTHOUSE SQUARE
INVERNESS, FL 34450 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: JAMES A. NEAL JR.

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILITELLO, PAUL
Address: 107 B W MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: VPD () Delete
Name: FRIEDRICH, JOHNNYE
Address: 452 PLEASEANT GROVE RD.
City-St-Zip: INVERNESS, FL 34452

Title: TD () Delete
Name: LYN, DENISE A
Address: 121 N APOPKA ST
City-St-Zip: INVERNESS, FL 34450

Title: SD () Delete
Name: SLINGERLAND, MICHELLE
Address: 110 N. APOPKA AVENUE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIEBERMAN, MICHELE
Address: 110 N. APOPKA AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: VPD (X) Change () Addition
Name: ELLIS, DAWN
Address: P.O. BOX 1106
City-St-Zip: INVERNESS, FL 34451

Title: TD (X) Change () Addition
Name: GERSTNER, LISA
Address: 1078 W. MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: SD (X) Change () Addition
Name: MORING, JACK
Address: 7655 W GULF TO LAKE HWY, #12
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELE LIEBERMAN

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date