FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:10

DOCUMENT # 721736 (7)

1. Corporation Name
REALTORS ASSOCIATION OF CITRUS COUNTY, INC.

Principal Place of Business	Mailing Address
1619 W. GULF TO LAKE HWY LECANTO FL 32661	1619 W. GULF TO LAKE HWY LECANTO FL 32661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1971
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1743091 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STANTON, ERNA
1619 W. GULF TO LAKE HWY
LECANTO FL 32661

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BEGA, LINDA	1.2 NAME		
STREET ADDRESS	301 W. MAIN ST.	1.3 STREET ADDRESS	1102 N. HYW 41	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	D	☒ Change ☐ Addition
NAME	VARNADOE, STEVE	2.2 NAME		
STREET ADDRESS	823 E. HIGHWAY 44	2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	PE	☒ Change ☐ Addition
NAME	CROSLEY, JAMES	3.2 NAME		
STREET ADDRESS	1031 N COMMERCE TERR	3.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JAMES	4.2 NAME		
STREET ADDRESS	11309 W RIVERHAVEN DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	STANTON, ERNA	5.2 NAME		
STREET ADDRESS	1619 W GULF TO LAKE HWY	5.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	TESSMER, ROB	6.2 NAME	DIXIE PARSLEY	
STREET ADDRESS	314 W. MAIN ST.	6.3 STREET ADDRESS	4635 N CARL G ROSE HWY	
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP	HERNANDO, FL. 34442	

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: Erna Stanton January 20, 1995 904/746-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERNA STANTON

0045042