

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 721736 (7)
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 34461-8020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1971		3a. Date of Last Report 01/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1743091		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANTON, ERNA 1619 W. GULF TO LAKE HWY LECANTO FL 32661				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 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)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEGA, LINDA			1.2 NAME	MCGEEHAN, KEVIN		
STREET ADDRESS	1102 N. HWY 41			1.3 STREET ADDRESS	1100 S.E. Highway 19		
CITY-ST-ZIP	INVERNESS FL			1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		
TITLE	PB	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCKER, JANICE			2.2 NAME	STOCKER, JANICE		
STREET ADDRESS	8120 S. SUNCOAST BLVD.			2.3 STREET ADDRESS	8120 S. SUNCOAST BLVD.		
CITY-ST-ZIP	HOMOSASSA FL 34446			2.4 CITY-ST-ZIP	HOMOSASSA, FL 34446		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSLY, JAMES			3.2 NAME	CROSLY, JAMES		
STREET ADDRESS	1031 N COMMERCE TERR			3.3 STREET ADDRESS	1744 BISMARCK ST.		
CITY-ST-ZIP	LECANTO FL			3.4 CITY-ST-ZIP	HERNANDO, FL 34442		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRIES, DONNA			4.2 NAME	FLORENCE KAUFMAN		
STREET ADDRESS	1100 W. MAIN STREET			4.3 STREET ADDRESS	117 S. MAIN ST		
CITY-ST-ZIP	INVERNESS FL 34450			4.4 CITY-ST-ZIP	INVERNESS, FL 34450		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNELL, RICK			6.2 NAME	SNELL, FREDERICK		
STREET ADDRESS	6210 W. CORPORATE OAKS DR.			6.3 STREET ADDRESS	6210 W. CORPORATE OAKS DR.		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429			6.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		

14. I do 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 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, on an attachment with an address.

CR2E037 (9/96)