2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # 727386** 1. Entity Name 04-27-2006 90176 034 ****70.00 CITRUS COUNTY ART LEAGUE, INC. Principal Place of Business Mailing Address 2644 N. ANNAPOLIS AVENUE 2644 N. ANNAPOLIS AVENUE HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 23-7377991 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS, SHARON Street Address (P.O. Box Number is Not Acceptable) 3221 W. BLOSSOM DR **BEVERLY HILLS FL 34465** Zip Code FI. 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 Signature, typed or printed name of registered agent and title if applicable (NGTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD TITLE Delete TITLE Change ☐ Addition COLLOM, JEFF NAME NAME 6793 S. MASON CREEK RD STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34448 CITY-ST-ZIP CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change ☐ Addition HARRIS, SHARON NAME NAME STREET ADDRESS 3221 W BLOSSOM DR STREET ADDRESS BEVERLY HILLS FL 34465 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME HARRISON, HOWARD NAME 571 W. MASSACHUSETTS ST STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition PROCTOR, OTTILIE NAME NAME STREET ADDRESS 271 N. IRESNO AVE STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP SD ☐ Delete ☐ Change ☐ Addition CHESNOVITZ, WENDY NAME NAME 303 W. MASSACHUSETTS ST STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-7IP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DE TORRES, JACKIE NAME NAME 3203 S. GRAYMOR PATH STREET ADDRESS STREET ADORESS **INVERNESS FL 34452** CITY+ST-ZIP

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if changed, or on an attachment with an address, with all other like empowered. OTTILIE PROCTOR 4/12/06 (352) 746-6648 SIGNATURE: ON

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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