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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
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DOCUMENT # 727784 (1)

1. Corporation Name
HIGHLANDS EMERGENCY SHELTER OF CITRUS COUNTY, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| 4325 SOUTH LITTLE AL POINT<br>PO BOX 724<br>INVERNESS FL 34451<br>US | 4325 SOUTH LITTLE AL POINT<br>PO BOX 724<br>INVERNESS FL 34451<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1973
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1648876 ☐ 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

LA TOUR, WILLIAM H.
6044 E. TENISON ST
INVERNESS FL 34452

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 | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | HIMPELE, FRANCES | 1.2 NAME | LA TOUR, WILLIAM H. | |
| STREET ADDRESS | 6262 E. MALVERNE STREET | 1.3 STREET ADDRESS | 6044 E. Tenison St. | |
| CITY-ST-ZIP | INVERNESS FL | 1.4 CITY-ST-ZIP | Inverness, Fl. 34452 | |
| TITLE | VP | 2.1 TITLE | VDasper Presti | ☒ Change ☐ Addition |
| NAME | LA TOUR, WILLIAM | 2.2 NAME | Gasper PRESTI | |
| STREET ADDRESS | 6044 E. TENISON STREET | 2.3 STREET ADDRESS | 6280 E. Plum St. | |
| CITY-ST-ZIP | INVERNESS FL | 2.4 CITY-ST-ZIP | Inverness, Fl.34452 | |
| TITLE | VP | 3.1 TITLE | VDce Pres. | ☒ Change ☒ Addition |
| NAME | PRESTI, GASPER | 3.2 NAME | Carmen Russo | |
| STREET ADDRESS | 6280 E. PLUM STREET | 3.3 STREET ADDRESS | 907 Pineaire ST. | |
| CITY-ST-ZIP | INVERNESS FL | 3.4 CITY-ST-ZIP | Inverness, Fl 34452 | |
| TITLE | TD | 4.1 TITLE | TDreasurer | ☒ Change ☒ Addition |
| NAME | WOYTHALER, BERNARD | 4.2 NAME | Frank DiPaolo | |
| STREET ADDRESS | 5992 E. LORING LANE | 4.3 STREET ADDRESS | 3355 College Ave. | |
| CITY-ST-ZIP | INVERNESS FL | 4.4 CITY-ST-ZIP | Inverness, Fl. 34452 | |
| TITLE | SD | 5.1 TITLE | SD | ☒ Change ☒ Addition |
| NAME | RITTER, PAULINE | 5.2 NAME | Mary Booth | |
| STREET ADDRESS | 5770 E. TENISON STREET | 5.3 STREET ADDRESS | 321 W. Harvard St. | |
| CITY-ST-ZIP | INVERNESS FL | 5.4 CITY-ST-ZIP | Inverness, Fl. 34452 | |
| TITLE | D | 6.1 TITLE | D, Pres. | ☐ Change ☐ Addition |
| NAME | TURNO, ALFONSO | 6.2 NAME | Theresa Woythaler | |
| STREET ADDRESS | 6015 E. RUSH STREET | 6.3 STREET ADDRESS | 5992 E. Loring Lane | |
| CITY-ST-ZIP | INVERNESS FL | 6.4 CITY-ST-ZIP | Inverness, Fl. 34452 | |

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)(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, or on an attachment with an address.

SIGNATURE: William H. La Tour WILLIAM H. LA TOUR, PRES March 8, 1995 726-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

904

0047068

# Highlands Emergency Shelter

## Of Citrus County Inc.

P.O. Box 724 Inverness FL 34451

Additional Directors.

| | | | |
|---|---|---|---|
| D. | MARIO GRAFFEO | == | 5822 SLATE ST. INVERNESS, FL. 34452 |
| D. | TONI MAGGIORE | -- | 6339 E. RECTOR ST. INVERNESS, FL. 34452. |
| D. | JOY FORGIONE | __ | 6036 E. TREMONT ST. INVERNESS, FL. 34452 |