

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
PO BOX 724
INVERNESS FL 34451
US

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PO BOX 724
INVERNESS FL 34451
US

3. Date Incorporated or Qualified

10/17/1973

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name

Presti, Gasper

82

Street Address (R.O. Box Numbers Not Acceptable)

6280 E. Plum Street

83

Inverness,

84

City

FL

85

Zip Code
34452

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

Gasper Presti

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LA TOUR, WILLIAM H.	
STREET ADDRESS	6044 E. TENISON ST.	
CITY - ST - ZIP	INVERNESS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GASPER, PRESTI	
STREET ADDRESS	6280 E. PLUM ST.	
CITY - ST - ZIP	INVERNESS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSO, CARMEN	
STREET ADDRESS	907 PINEAIRE ST	
CITY - ST - ZIP	INVERNESS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DIPAOLLO, FRANK	
STREET ADDRESS	3355 COLLEGE AVE.	
CITY - ST - ZIP	INVERNESS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOOTH, MARY	
STREET ADDRESS	321 W. HARVARD ST.	
CITY - ST - ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOYTHALER, THERESA	
STREET ADDRESS	5992 E LORING LANE	
CITY - ST - ZIP	INVERNESS FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Presti, Gasper	
13 STREET ADDRESS	6280 E. Plum Street	
14 CITY - ST - ZIP	Inverness, FL 34452	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Russo, Marie	
23 STREET ADDRESS	907 Pineaire Street	
24 CITY - ST - ZIP	Inverness, FL 34452	
31 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Del Rosso, Vincent	
33 STREET ADDRESS	4820 S. Worldwide Drive	
34 CITY - ST - ZIP	Inverness, Florida 34452	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	La Tour, Helen	
53 STREET ADDRESS	6044 E. Tenison St.	
54 CITY - ST - ZIP	Inverness, FL 34452	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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:

Gasper Presti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 25 1996

CR2E037 (12/95)