1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727784

1. Corporation Name

HIGHLANDS EMERGENCY SHELTER OF CITRUS COUNTY, IN

Country

25

Principal Place of Business 4325 SOUTH LITTLE AL POINT PO BOX 724 INVERNESS FL 34451 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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27

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4325 SOUTH LITTLE AL POINT PO BOX 724 INVERNESS FL 34451

FILED Mar 31, 1999 8:00 am § Secretary of State

03-31-1999 90021 002 ****61.25

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

275579 - 90021 - 2 *

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

_10/17/1973

59-1648876

4. FEI Number

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
ί			81	Name	Ber	nard woythaler	
PRESTI. G	ASPER		82	Street	Address (F	R.O. Box Number is Not Acceptable)	
	UM STREET				799		
	S FL 34452		83		ת דחע	verness, Florida 34452	
	•		84	City		QS Zirit Hyte C	
	, •		04	City		FL 85 7#\$\$%@	
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	PD	DELETE	1.1 TITLE		$\overline{ t PD}$	William H. La Tour □Change ZAddition	
NAME	HIMPELE, FRANCES	İ	1.2 NAME			WIIIIam H. Da Tour	
STREET ADDRESS	6262 E.MALVERNE STREET		1.3 STREET	ADDRESS		6044 E. Tenison Street	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST	1.7IP		Inverness, Fl.	
TITLE	VD	DELETE	2.1 TITLE		VD	☐ Change 🔁 Addition	
NAME	WILLIAM H LA TOUR		2.2 NAME		,,,	Jim Del Rosso	
STREET ADDRESS	6044.E TENISON ST		2.3 STREET	ADDRESS	1		
CITY-ST-ZIP	INVERNESS FL 34452		2. 4 CITY-S		•	1820 ries orlawide pr.	
TITLE	VD	DELETE	3.1 TITLE	1-23	VD	Marie Russo □Change □Addition	
NAME	MARIE RUSSO		3.2 NAME	ſ		907 pineaire street	
STREET ADDRESS	907 PINEAIRE ST		3.3 STREET	AODRESS		inverness, Fl.	
	INVERNESS FL		3.4. C/TY-S	-		Turerness, hr.	
CITY-ST-ZIP TITLE	TD	DELETE	4.1 TITLE	1-2,0	TD	Bernard Woythaler Change Addition	
NAME	CASPER PRESTI		4. 2 NAME	.'		5992 E. Loring Lane	
	6280 E PLUM ST		4.3 STREET	ANNDERS		inverness, Fl.	
STREET ADDRESS	 ,					T	
CITY-ST-ZIP	INVERNESS FL 34452 SD	DELETE	4.4 CITY-ST	1-219	SD	Helen C. Ta Four Change Addition	
	LA TOUR, HELEN	_ J	5.2 NAME		<u>UU</u>	6044 E. Tenison Street	
NAME	6044 E TENISON ST		5.3 STREET	ADDRESS I		Inverness, Fl. 34452	
STREET ADDRESS			5.4 CITY-ST			THACTHORD? LT. NATA	
CITY-ST-ZIP	INVERNESS FL	DELETE	6.1 TITLE			mheresa wowthaler Change Addition	
TITLE	D WOVELALED THEREOA	- Deter	6.2 NAME		D	Tries coa Moly Marter	
NAME	WOYTHALER, THERESA			AUDDESS		5992 E. Loring Lane	
STREET ADDRESS			6.3 STREET			Inverness, Fl.	
CITY-ST-ZIP	INVERNESS FL		6.4 CITY-S		lin Contin	a 140 07/2V/) Florida Statutos I further cortify that the information	
14. I hereby of	ertify that the information supplied with this filing do- on this annual report or supplemental annual report	es not quality for the	e exempti e and thai	on statet I my sign	ature shal	n 119.07(3)(i), Florida Statutes. I further certify that the information I have the same legal effect as if made under oath; that I am an	

Country

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4. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone i

CR2E037 (11/98)

Highlands Emergency Shelt 727784 Of Citrus County Inc. P.O. Box 724 Inverness FL 34451

January 15, 1999

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida

REF. # 727784

Gentlemen:

Our officers and Board of Directors for 1999 are the following:

president: William H. La Tour - 6044 E. Tenison St. Inverness First V.P. Jim Del Rosso - 4820 S. Worldwide Dr. Inverness Second V.P. Marie Russo 907 pineaire Street, Inverness Bernard Woythaler - 5992 E. Loring Lane, Inverness Secretary Helen C. La Tour - 6044 E. Tenison St. Inverness

Board of Directors

Joyce Corrado Mario Graffeo Toni Maggiore Theresa Woythaler 611 poplar Street, Inverness 5822 E. Slate St. Inverness 6339 E. Rector St. Inverness 5992 E. Loring Lane, Inverness

Sincerely,

Helen C. La Tour Secretary