

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 # 739296 (2)
1. Corporation Name
CITRUS COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address
208 W MAIN ST 208 W MAIN ST
INVERNESS FL 32650 INVERNESS FL 32650

3. Date Incorporated or Qualified 06/08/1977 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 208 W. Main St.
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 Inverness FL
24 Zip 25 Country 29 34450 30 US

4. FEI Number 59-0898256 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
FITZPATRICK, RICHARD
213 N. APOPKA AVENUE
INVERNESS FL 32650
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 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
TITLE PD GRUMBLING, R. S II
NAME 1011 S FLORIDA AVE.
STREET ADDRESS INVERNESS FL
CITY-ST-ZIP
TITLE VD HENSLEY, ROCKY
NAME 408 US HWY 41 S
STREET ADDRESS INVERNESS FL
CITY-ST-ZIP
TITLE SD GALLANT, LINDA
NAME P O BOX 909 N/A
STREET ADDRESS FLORAL CITY FL
CITY-ST-ZIP
TITLE TD KRUEGER, ART
NAME 1007 US HWY 41 S
STREET ADDRESS INVERNESS FL
CITY-ST-ZIP
TITLE D DAVIS, CHARLES E
NAME 3075 S FLORIDA AVE
STREET ADDRESS INVERNESS FL
CITY-ST-ZIP
TITLE D MILLER, LINDA
NAME 1007 W MAIN ST
STREET ADDRESS INVERNESS FL
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P/D Rocky Hensley
12 NAME 408 US Hwy 41 South
13 STREET ADDRESS Inverness FL 34450
14 CITY-ST-ZIP
21 TITLE V/D Art Krueger
22 NAME 1007 US Hwy 41 South
23 STREET ADDRESS Inverness FL 34450
24 CITY-ST-ZIP
31 TITLE T/D Don Sutton
32 NAME 450 Pleasant Grove Rd.
33 STREET ADDRESS Inverness FL 34452-5746
34 CITY-ST-ZIP
41 TITLE S/D Jim Neal
42 NAME 213 N. Apopka Ave.
43 STREET ADDRESS Inverness FL 34450
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
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: 4.30.96 362-726-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rocky Hensley, President/Director

CR2E037 (12/95)