

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: **208 W MAIN ST INVERNESS FL 32650**
Mailing Address: **208 W MAIN ST INVERNESS FL 32650**

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

2. Principal Place of Business: **21 208 W. Main St.**
2a. Mailing Address: **26 208 W. Main St.**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28 Inverness FL**
24. Zip: **25 34450** Country: **29 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2 | |
|----------------------------|--|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 11 TITLE | P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRUMBLING, R. S II | 12 NAME | Rocky Hensley |
| STREET ADDRESS | 1011 S FLORIDA AVE. | 13 STREET ADDRESS | 408 US Hwy 41 South |
| CITY-ST-ZIP | INVERNESS FL | 14 CITY-ST-ZIP | Inverness FL 34450 |
| TITLE | VD <input type="checkbox"/> DELETE | 21 TITLE | V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENSLEY, ROCKY | 22 NAME | Art Krueger |
| STREET ADDRESS | 408 US HWY 41 S | 23 STREET ADDRESS | 1007 US Hwy 41 South |
| CITY-ST-ZIP | INVERNESS FL | 24 CITY-ST-ZIP | Inverness FL 34450 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 31 TITLE | T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLANT, LINDA | 32 NAME | Don Sutton |
| STREET ADDRESS | P O BOX 909 N/A | 33 STREET ADDRESS | 450 Pleasant Grove Rd. |
| CITY-ST-ZIP | FLORAL CITY FL | 34 CITY-ST-ZIP | Inverness FL 34452-5746 |
| TITLE | TD <input type="checkbox"/> DELETE | 41 TITLE | S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRUEGER, ART | 42 NAME | Jim Neal |
| STREET ADDRESS | 1007 US HWY 41 S | 43 STREET ADDRESS | 213 N. Apopka Ave. |
| CITY-ST-ZIP | INVERNESS FL | 44 CITY-ST-ZIP | Inverness FL 34450 |
| TITLE | D <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, CHARLES E | 52 NAME | |
| STREET ADDRESS | 3075 S FLORIDA AVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | INVERNESS FL | 54 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, LINDA | 62 NAME | |
| STREET ADDRESS | 1007 W MAIN ST | 63 STREET ADDRESS | |
| CITY-ST-ZIP | INVERNESS FL | 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: _____ Date: **4.30.96** Daytime Phone #: **362-726-2801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rocky Hensley, President/Director**

CR2E037 (12/95)