

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 INVERNESS FL 32650  
208 W MAIN ST INVERNESS FL 34450-4855  
US

3. Date Incorporated or Qualified 06/08/1977  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0898256 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
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 12	
TITLE	PD <del>DELETE</del>	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENSLEY, ROCKY	1.2 NAME	White, Jr. Chester
STREET ADDRESS	408 US HWY 41 S	1.3 STREET ADDRESS	911 Eden Dr.
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	VP President/Director <del>DELETE</del>	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, ART	2.2 NAME	Neal, James
STREET ADDRESS	1007 US HWY 41 S	2.3 STREET ADDRESS	213 N. Apopka Ave
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE	TD Secretary/Treasurer <del>DELETE</del>	3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, DON	3.2 NAME	Sutton, Don
STREET ADDRESS	450 PLEASANT GROVE RD	3.3 STREET ADDRESS	450 Pleasant Grove Rd.
CITY-ST-ZIP	INVERNESS FL 46	3.4 CITY-ST-ZIP	Inverness, FL 34452
TITLE	SD President Elect <del>DELETE</del>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, JIM	4.2 NAME	
STREET ADDRESS	213 N APOPKA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	D <del>DELETE</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHARLES E	5.2 NAME	
STREET ADDRESS	3075 S FLORIDA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	
TITLE	D <del>DELETE</del>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LINDA	6.2 NAME	
STREET ADDRESS	1007 W MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* 4-25-97 352-726-2801  
DATE DAYTIME PHONE # 0085308

CR2E037 (9/96)