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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34450-4855
US3. Date Incorporated or Qualified
06/08/19773a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-0698256

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

FITZPATRICK, RICHARD
213 N. APOPKA AVENUE
INVERNESS FL 32650

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HENSLEY, ROCKY
STREET ADDRESS 408 US HWY 41 S
CITY-ST-ZIP INVERNESS FLTITLE ~~VP~~ President/Director ☒ DELETE
NAME KRUEGER, ART
STREET ADDRESS 1007 US HWY 41 S
CITY-ST-ZIP INVERNESS FLTITLE ~~TD~~ Secretary/Treasurer ☒ DELETE
NAME SUTTON, DON
STREET ADDRESS 450 PLEASANT GROVE RD
CITY-ST-ZIP INVERNESS FL 48TITLE ~~SD~~ President Elect ☒ DELETE
NAME NEAL, JIM
STREET ADDRESS 213 N APOPKA AVE
CITY-ST-ZIP INVERNESS FLTITLE D ☒ DELETE
NAME DAVIS, CHARLES E
STREET ADDRESS 3075 S FLORIDA AVE
CITY-ST-ZIP INVERNESS FLTITLE D ☒ DELETE
NAME MILLER, LINDA
STREET ADDRESS 1007 W MAIN ST
CITY-ST-ZIP INVERNESS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

352-726-2801

Date

Daytime Phone # 0065308

CR2E037 (9/96)