

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746674

FILED
Jan 13, 2005
Secretary of State

Entity Name: CITRUS SPRINGS LIBRARY ASSOCIATION, INC.

Current Principal Place of Business:

1826 W.COUNTRY CLUB DR.
CITRUS SPRINGS, FL 33434

New Principal Place of Business:

Current Mailing Address:

1826 W.COUNTRY CLUB DR.
CITRUS SPRINGS, FL 33434

New Mailing Address:

FEI Number: 59-2004893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUELKE, VIRGINIA
8826 N. GOLFVIEW DR.
CITRUS SPRINGS, FL 34434 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WEAVER, LARRY
Address: 8061 N GOLFVIEW DR
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: S () Delete
Name: ZIECH, FAY SECRETR
Address: 2465 W. ERIC DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: P () Delete
Name: BUELKE, VIRGINIA
Address: 8826 N. GOLFVIEW DR.
City-St-Zip: CITRUS SPRINGS, FL 33434

Title: D () Delete
Name: WEAVER, HILDA
Address: 8061 N. GOLFVIEW DR
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D () Delete
Name: EISENMANN, JOHN,
Address: 17540 SW ASTER STREET
City-St-Zip: DUNNELLON, FL

Title: D () Delete
Name: DECKER, JEANNE
Address: 9393 W ELIOT WAY
City-St-Zip: CITRUS SPRINGS, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY WEAVER

T

01/13/2005

Electronic Signature of Signing Officer or Director

Date