

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 001 ****70.00

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1. Entity Name

THE CITRUS COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

ONE COURTHOUSE SQ
INVERNESS FL 34450
US

ONE COURTHOUSE SQ
INVERNESS FL 34450
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-2326836

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINES, JOHN
6161 N MISTY OAK TER
BEVERLY HILLS FL 34465

Name
MARY ANN WIGMORE

Street Address (P.O. Box Number is Not Acceptable)

3350 E. GULF TO LAKE HWY

City
INVERNESS

FL

Zip Code
34453

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Ann Wigmore

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME PIERSALL, JOHN
STREET ADDRESS 8817 E SANDPIPER
CITY-ST-ZIP INVERNESS FL 34450

TITLE P ☒ Change ☐ Addition
NAME DAN ARMSTRONG
STREET ADDRESS 58 N. ROBIN HOOD RD
CITY-ST-ZIP INVERNESS, FL. 34450

TITLE V ☒ Delete
NAME DRINKHOUSE, BEVERLY
STREET ADDRESS 6148 N WHITE PALM WAY
CITY-ST-ZIP BEVERLY HILLS FL 34442

TITLE V ☒ Change ☐ Addition
NAME JOHN GRANNAN
STREET ADDRESS PO BOX 359
CITY-ST-ZIP LECANTO, FL 34460

TITLE S ☒ Delete
NAME CUMMINS, MARY
STREET ADDRESS 517 TINA ST
CITY-ST-ZIP INVERNESS FL 34452

TITLE S ☒ Change ☐ Addition
NAME LUCILLE TOMPKINS
STREET ADDRESS 8342 N. SANTOS DR
CITY-ST-ZIP CITRUS SPRINGS, FL. 34434

TITLE T ☒ Delete
NAME WINES, JOHN
STREET ADDRESS 6161 N MISTY OAK TER
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE T ☒ Change ☐ Addition
NAME MARY ANN WIGMORE
STREET ADDRESS 3350 E. GULF TO LAKES HWY
CITY-ST-ZIP INVERNESS, FL. 34453

TITLE D ☒ Delete
NAME BEASLEY, MARCIA
STREET ADDRESS 9626 E TSALA APOPKA DR
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROBERTS, ROBERT R
STREET ADDRESS 225 S STARLIT PT
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Ann Wigmore

2/20/06