2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# 749657

Entity Name: THE CITRUS COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

ONE COURTHOUSE SQ
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

ONE COURTHOUSE SQ
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-2326836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WIGMORE, MARY ANN
3350 E. GULF TO LAKE HWY
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

RIFE, MARY SUE
ONE COURTHOUSE SQUARE
INVERNESS, FL 34450 US

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: MARY SUE RIFE 05/03/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARMSTRONG, DAN
Address: 58 N. ROBIN HOOD RD
City-St-Zip: INVERNESS, FL 34450 US

Title: V ( ) Delete
Name: GRANNAN, JOHN
Address: P.O. BOX 359
City-St-Zip: LECANTO, FL 34460

Title: S ( ) Delete
Name: TOMPKINS, LUCILLE
Address: 8342 N. SANTOS DR
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: T ( ) Delete
Name: WIGMORE, MARY ANN
Address: 3350 E. GULF TO LAKES HWY
City-St-Zip: INVERNESS, FL 34453

Title: D ( ) Delete
Name: ROBERTS, ROBERT R
Address: 225 S STARLIT PT
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRANNAN, JOHN
Address: P.O. BOX 359
City-St-Zip: LECANTO, FL 34460 US

Title: V (X) Change ( ) Addition
Name: DUMAS, RON
Address: 324 CAMELLIA ST
City-St-Zip: INVERNESS, FL 34452

Title: S (X) Change ( ) Addition
Name: JENKINS, CLAIRE
Address: 301 ELLA AVE
City-St-Zip: INVERNESS, FL 34450

Title: T (X) Change ( ) Addition
Name: RIFE, MARY SUE
Address: 5764 N. WESTERN DR.
City-St-Zip: HERNANDO, FL 34442

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY SUE RIFE T 05/03/2007
Electronic Signature of Signing Officer or Director Date