

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749657

FILED  
Apr 17, 2009  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GRANNAN, JOHN A  
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: JOHN A. GRANNAN

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T (X) Change ( ) Addition  
Name: PADGETT, SHARON  
Address: POST OFFICE BOX 97  
City-St-Zip: CRYSTAL RIVER, FL 34423

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

Title: D ( ) Change (X) Addition  
Name: DEAN, SHARON  
Address: 6518 EAST MORLEY STREET  
City-St-Zip: INVERNESS, FL 34450

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: JOHN A. GRANNAN

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date