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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90304 033 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752825**

1. Corporation Name  
**CITIZENS ASSOCIATION OF PORT RICHEY, INC.**

Principal Place of Business 5147 BAY BLVD. PORT RICHEY FL 34668 US	Mailing Address 5147 BAY BLVD. PORT RICHEY FL 34668 US
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2. Principal Place of Business 21 <b>7606 CHAPEL AVE</b>	2a. Mailing Address 26 <b>SAME AS #2</b>	3. Date Incorporated or Qualified <b>06/06/1980</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2092079</b>
City & State 23 <b>PORT RICHEY, FL</b>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34668</b>	Country 25 <b>U.S.A.</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Country 29	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent <b>FAULKNER, VALERIE</b> 5147 BAY BLVD PORT RICHEY FL 34668	10. Name and Address of New Registered Agent 81 Name <b>JAMES CARTER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7606 CHAPEL AVE.</b> 83 84 City <b>PORT RICHEY</b> FL 85 Zip Code <b>34668</b>
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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 James Carter (James Carter) DATE 4-15-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>B S</b> <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	NAME <b>HEITNER, ELINOR</b>	1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8406 CAROLYN DRIVE.</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>	1.2 NAME <b>CARTER, JAMES</b>	
		1.3 STREET ADDRESS <b>7606 CHAPEL AVE</b>	
		1.4 CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>RAIMOND, PATRICK</b>	2.1 TITLE <b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5238 MILLER BAYOU DRIVE</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>	2.2 NAME <b>NEGER, DANIEL</b>	
		2.3 STREET ADDRESS <b>8344 CAROLYN DRIVE</b>	
		2.4 CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	
TITLE <b>T</b> <input type="checkbox"/> DELETE	NAME <b>RAIMOND, PATRICIA</b>	3.1 TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5238 MILLER BAYOU DR</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>	3.2 NAME <b>THOMAS BROWN</b>	
		3.3 STREET ADDRESS <b>4823 EBBIDE LANE, APT. 503</b>	
		3.4 CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	
TITLE <b>S</b> <input checked="" type="checkbox"/> DELETE	NAME <b>TRUE, DONNA</b>	4.1 TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8612 GREEN ST</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>	4.2 NAME <b>MAXINE SHEETZ</b>	
		4.3 STREET ADDRESS <b>7526 GRAND BLVD.</b>	
		4.4 CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>COY, LORRAINE</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5229 MILLER BAYOU DR</b>	CITY-ST-ZIP <b>PORT RICHEY FL 34668</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>B S</b> <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	NAME <b>FAULKNER, VALERIE</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5147 BAY BLVD</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: James Carter SIGNATURE (REQUIRED) James Carter DATE 4-12-99 DAYTIME PHONE # 727-845-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #