FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:34

DOCUMENT # **765543** **(4)**

1. Corporation Name
THE CITRUS WATERCOLOR CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 142 LECANTO FL 34461	POST OFFICE BOX 142 LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/26/1982**
3a. Date of Last Report: **06/09/1994**
4. FEI Number: **59-2946213** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NORMA WILLIS
7350 E. TURNER CAMP ROAD
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
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	P	11 TITLE	☐ Change ☐ Addition
NAME	NORMA WILLIS	12 NAME	
STREET ADDRESS	7350 E. TURNER CAMP RD.	13 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	GILES, ELOISE	22 NAME	
STREET ADDRESS	20380 SW 97 ST	23 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	GREEN, DORUS	32 NAME	
STREET ADDRESS	1020 N CIRCLE DR	33 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ROBERT BAILEY	42 NAME	
STREET ADDRESS	810 E. GILCHRIST CT. UNIT A	43 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	VIRGINIA NEAL	52 NAME	
STREET ADDRESS	P.O. BOX 322 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL 34432	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PAUL PORTER,	62 NAME	
STREET ADDRESS	6261 N. SHOREWOOD DRIVE.	63 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Norma Willis Norma Willis 2/15/95 904 726 6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048043