

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 765543

(4)

1. Corporation Name

THE CITRUS WATERCOLOR CLUB, INC.



Principal Place of Business

POST OFFICE BOX 142
LECANTO FL 34461

Mailing Address

POST OFFICE BOX 142
LECANTO FL 34461

3. Date Incorporated or Qualified
10/26/1982

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

NORMA WILLIS
7350 E. TURNER CAMP ROAD
INVERNESS FL 34453

81 Name
Ted Voss

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

6107 W FRAMINGHAM CT

83

84 City
CRYSTAL RIVER

FL

85 Zip Code
34429

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

Ted Voss

Ted Voss

4-12-96

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☒ DELETE

TITLE

P

NORMA WILLIS
7350 E. TURNER CAMP RD.
INVERNESS FL 34453

STREET ADDRESS

CITY-ST-ZIP

TITLE

SD

GILES, ELOISE
20380 SW 97 ST
DUNNELLON FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

GREEN, DORIS
1020 N CIRCLE DR
CRYSTAL RIVER FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

ROBERT BAILEY
810 E. GILCHRIST CT. UNIT A
HERNANDO FL 34442

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD

VIRGINIA NEAL
P.O. BOX 322 N/A
INGLIS FL 34432

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

PAUL PORTER,
6261 N. SHOREWOOD DRIVE.
HERNANDO FL 34442

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

Ted Voss

1.3 STREET ADDRESS

6107 W. FRAMINGHAM CT.

1.4 CITY-ST-ZIP

CRYSTAL RIVER FL 34429

2.1 TITLE

Vice President

☐ Change ☒ Addition

2.2 NAME

ANNE WEAVER

2.3 STREET ADDRESS

3593 N. LAUREL WOOD LOOP

2.4 CITY-ST-ZIP

BEVERLY HILLS FL 34465

3.1 TITLE

Treasurer Secretary

☐ Change ☒ Addition

3.2 NAME

Winnie Keedy

3.3 STREET ADDRESS

3119 S. BLACKMOUNTAIN DR

3.4 CITY-ST-ZIP

INVERNESS FL 34453

4.1 TITLE

DIRECTOR

☒ Change ☐ Addition

4.2 NAME

NORMA WILLIS

4.3 STREET ADDRESS

7350 E TURNER CAMP ROAD

4.4 CITY-ST-ZIP

INVERNESS FL 34453

5.1 TITLE

Treasurer

☐ Change ☒ Addition

5.2 NAME

Joe Williams

5.3 STREET ADDRESS

819 DAFFODIL

5.4 CITY-ST-ZIP

INVERNESS FL 34452

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 352-795-0437

Date

Daytime Phone #

CR2E037 (12/95)