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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
POST OFFICE BOX 142 LECANTO FL 34461	POST OFFICE BOX 142 LECANTO FL 34460-0142

3. Date Incorporated or Qualified: 10/26/1982
3a. Date of Last Report: 04/19/1996

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

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

9. Name and Address of Current Registered Agent

~~VOSS, TED~~
~~6107 W FRAMINGHAM COURT~~
~~CRYSTAL RIVER FL 34429~~
ANNE WEAVER
3593 N. LAURELWOOD
BEVERLY HILLS
FL 34465

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 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 Anne Weaver 4/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	P. ☐ Change ☐ Addition
NAME	VOSS, TED		1.2 NAME	
STREET ADDRESS	6107 W. FRAMINGHAM COURT		1.3 STREET ADDRESS	HUNTER, ROBERTA
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY-ST-ZIP	228 S. STARLIT PT INVERNESS FL 34450
TITLE	VP	☒ DELETE	2.1 TITLE	V.P. ☐ Change ☐ Addition
NAME	WEAVER, ANNE		2.2 NAME	BOYD, JOANN
STREET ADDRESS	3593 N LAUREL WOOD LOOP		2.3 STREET ADDRESS	4564 N. CRESTLINE DR
CITY-ST-ZIP	BEVERLY HILLS FL		2.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	S	☒ DELETE	3.1 TITLE	S ☐ Change ☐ Addition
NAME	KEEDY, WINNIE		3.2 NAME	WELCH, ANN
STREET ADDRESS	3119 S BLACKMOUNTAIN DRIVE		3.3 STREET ADDRESS	14046 W. SIRENCT
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, NORMA		4.2 NAME	
STREET ADDRESS	7350 E TURNER CAMP ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VIRGINIA NEAL		5.2 NAME	
STREET ADDRESS	P.O. BOX 322 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL 34432		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	T. ☐ Change ☐ Addition
NAME	PAUL PORTER,		6.2 NAME	WILLIAMS, JOE
STREET ADDRESS	6261 N. SHOREWOOD DRIVE.		6.3 STREET ADDRESS	219 DAFFODILE ST
CITY-ST-ZIP	HERNANDO FL 34442		6.4 CITY-ST-ZIP	INVERNESS FL 34450

CR2E037 (9/96)

14. I do 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.

SIGNATURE: ~~SIGNATURE REQUIRED~~ ANNE WEAVER 4/10/97 352-746-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065417