

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-24-2002 90312 013 ****61.25

DOCUMENT # 765543

1. Entity Name

THE CITRUS WATERCOLOR CLUB, INC.

Principal Place of Business

**FIRST UNITED METHODIST CHURCH
 3856 S PLEASANT GROVE ROAD
 INVERNESS FL 34452-7585**

Mailing Address

~~4 WHISPING PINES PARK CITY OF INVERNESS~~
**P O BOX 142
 LECANTO FL 34460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2946213**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOWERS, RAY
 19880 SW 93 LN VLG/RNBOV SPRGS
 VILLAGE OF RAINBOW SPRINGS
 DUNNELLON FL 34432**

7. Name and Address of New Registered Agent

Name **BARBARA J. KERR**
 Street Address (P.O. Box Number is Not Acceptable)
**3411 S. GROVE TER.
 INVERNESS, FL 34450**
 City **FL** Zip Code

☒ 8. 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

Barbara J. Kerr

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to:
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOWERS, RAY 19880 SW 93 LANE ROAD DUNNELLON FL 34432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRON, CAROLE 20122 QUAIL RUN DRIVE DUNNELLON FL 34432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KERR, BARBARA 3441 S. GROVE TERRACE INVERNESS FL 34450	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, JOSEPH 219 DAFFODIL INVERNESS FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, MARIE 219 DAFFODIL INVERNESS FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECEDEN, ELIZABETH 14002 TRYING HAM COURT SPRING HILL FL 34609	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBARA J. KERR 3411 S. GROVE TER. INVERNESS, FL 34450	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHY PEDREIRA 294 W. ROMANY LOOP DEERBURY HILLS FL 34465	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEANNE CONRAD 11782 W. VALLEY SPRING LN. HOMOSASSA, FL 34448	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (F) JOSEPH S WILLIAMS 219 DAFFODIL ST INVERNESS, FL 34452	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norma Willis 7350 E. TURNER C RD INVERNESS FL 34453	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (352) 726-5848

Date Daytime Phone #

CR2E037 (9/01)