2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90095 013 ****61.25

DOCUMENT # 765543

1. Entity Name
THE CITRUS WATERCOLOR CLUB, INC.

Principal Place of Business	Mailing Address
FIRST UNITED METHODIST CHURCH 3856 S PLEASANT GROVE ROAD INVERNESS, FL 34452-7585	P O BOX 142 LECANTO, FL 34460

01262004 Chg-NP CR2E037 (10/03)

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

PEDREIRA, KATHLEEN
4841 N CRESTLINE DR
BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name CONRAD, JEANNE
Street Address (P.O. Box Number is Not Acceptable) 11782 W. Valley Spring Lane
City HOMOSASSA FL Zip Code 34448

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEDREIRA, KATHLEEN 4841 N CRESTLINE DR BEVERLY HILLS, FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Conrad, Jeanne 11782 W. Valley Spring Ln. Homosassa, FL 34448	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CUSICK, JOYCE 21435 SW 88TH PL RD P.O. BOX 2394 DUNNELLON, FL 34430	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERBERT, BRENDA 6241 W. GLYNBORNE LOOP CRYSTAL RIVER, FL. 34429	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONRAD, JEANNE 11782 W. VALLEY SPRING LN. HOMOSASSA, FL 34448	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Willis NORMA 7350 E. Turner Cp Rd INVERNESS FL 34453	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, JOSEPH 219 DAFFODIL INVERNESS, FL 34452	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Giczkowski ANN MARIE 910 W. Sunset Strip Dr. Beverly Hills FL. 34465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PARK, CAROLYN J 10179 SW 192ND CIRCLE DUNNELLON, FL 34432	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FIFE, BARBARA M 4945 NW 34TH PLACE OCALA, FL 34482	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS GICYBUSH, NANCY 910 W SUNSET BEVERLY HILLS, FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS Kathleen Wilcox 7428 Del Rio Ave Brooksville FL 34613	☑ 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)(i), 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: Jeanne Conrad Jeanne Conrad 4-19-04 352 628-7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #