# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2005**
**Secretary of State**

DOCUMENT# 765543

**Entity Name:** THE CITRUS WATERCOLOR CLUB, INC.

**Current Principal Place of Business:**

FIRST UNITED METHODIST CHURCH
3856 S PLEASANT GROVE ROAD
INVERNESS, FL 344527585

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 142
LECANTO, FL 34460

**New Mailing Address:**

**FEI Number: 59-2946213** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONRAD, JEANNE
11782 W. VALLEY SPRING LANE
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | C | ( ) Delete |
| Name: | WILLIS, NORMA | |
| Address: | 7350 E. TURNER CP RD | |
| City-St-Zip: | INVERNESS, FL 34452 | |
| Title: | PD | ( ) Delete |
| Name: | CONRAD, JEANNE | |
| Address: | 11782 W. VALLEY SPRING LN. | |
| City-St-Zip: | HOMOSASSA, FL 34448 | |
| Title: | TD | ( ) Delete |
| Name: | GICZKOWSKI, ANN MARIE | |
| Address: | 910 W. SUNSET STRIP DR | |
| City-St-Zip: | BEVERLY HILLS, FL 34465 | |
| Title: | S | ( ) Delete |
| Name: | FIFE, BARBARA M | |
| Address: | 4945 NW 34TH PLACE | |
| City-St-Zip: | OCALA, FL 34482 | |
| Title: | CS | ( ) Delete |
| Name: | WILSON, KATHLEEN | |
| Address: | 7428 DEL RIO AVE | |
| City-St-Zip: | BROOKSVILLE, FL 34613 | |
| Title: | | ( ) Delete |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | CD | (X) Change ( ) Addition |
| Name: | MCHALE, JOANNE | |
| Address: | 187 E. LIBERTY ST. | |
| City-St-Zip: | HERNANDO, FL 34442 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | C | (X) Change ( ) Addition |
| Name: | FIFE, BARBARA M | |
| Address: | 4945 NW 34TH PLACE | |
| City-St-Zip: | OCALA, FL 34482 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | C | ( ) Change (X) Addition |
| Name: | SISTRAND, PATRICIA | |
| Address: | 8625 N. CALYPSO CIRCLE | |
| City-St-Zip: | CITRUS SPRINGS, FL 34434 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MARIE GICZKOWSKI TD 04/14/2005

Electronic Signature of Signing Officer or Director — Date