

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

KELLY-SISTRAND, PATRICIA
8625 N CALYPSO CIRCLE
CITRUS SPRINGS FL 34434

Name

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 CD ☐ Delete
NAME SWETLAND, JOAN
STREET ADDRESS 18104 SEAL LANE
CITY-ST-ZIP SPRING HILL FL 34610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000937773
CITY-ST-ZIP 05/27/08-80063-009 61.25

TITLE PD ☐ Delete
NAME KELLY-SISTRAND, PATRICIA
STREET ADDRESS 8625 N CALYPSO CIRCLE
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MAHAFFEY, B J
STREET ADDRESS 20377 SW 80TH PL RD
CITY-ST-ZIP DUNNELLON FL 34431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME FIFE, BARBARA M
STREET ADDRESS 20 BEVERLY CT
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CS ☐ Delete
NAME WILLIS, NORMA
STREET ADDRESS 7350 E. TURNER CAMP RD
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME HANCOCK, RHONDA
STREET ADDRESS 3398 SATURN ROAD
CITY-ST-ZIP BROOKSVILLE FL 34604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

B.J. Mahaffey

B.J. MAHAFFEY

4-25-08

353-489-7664