2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 13, 2003 8:00 am
Secretary of State
04-15-2003 90104 042 ****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

[redacted]

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

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
KERR, BARBARA 3411 S GROVE TER. INVERNESS FL 34450	Name Kathleen Pedreira Street Address (P.O. Box Number is Not Acceptable) 4841 N. Crestline Dr. City Beverly Hills FL Zip Code 34465

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 KATHLEEN PEDREIRA Kathleen Pedreira 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 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 KERR, BARBARA J 3411 S GROVE TER. INVERNESS FL 34450	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATHLEEN PEDREIRA 4841 N. CRESTLINE DR. BEVERLY HILLS FL 34465	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEDREIRA, KATHY 294 W. ROMANY LOOP BEVERLY HILLS FL 34465	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Joyce E. Cusick 21435 SW 88th PL Rd PO Box 2394 Dunnellon, FL 34430	☒ 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	Same	☐ 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 JOSEPH S. WILLIAMS 219 DAFFODIL INVERNESS 34452 SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, MARIE 219 DAFFIDIL INVERNESS FL 34452	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROLYN J PARK 10179 SW 192nd CIRCLE DUNNELLON, FL 34432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS WILLIS, NORMA 7350 E. TURNER CP RD INVERNESS FL 34453	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS Nancy [illegible] 960 W. Sunset [illegible] Beverly Hills Fl 34465	☒ Change ☐ Addition

CR2E037 (10/02)

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: Joseph S. Williams JOSEPH S. WILLIAMS TREASURER 4/14/03 (352) 726-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #