

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90050 029 ****61.25

DOCUMENT # N00000003988 1. Entity Name CITRUS COUNTY CITIZENS ACADEMY ALUMNI ASSOCIATION, INC.					
Principal Place of Business 285 SO. KENSINGTON AVE. LECANTO, FL 34461 US			Mailing Address 285 SO. KENSINGTON AVE. LECANTO, FL 34461 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-6000550	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUSCHER, ROBERT 285 S. KENSINGTON AVE LECANTO, FL 34461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$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	D TURCK, JOSEPH 3303 W. CARDINAL LN. HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCK, Joseph 7471 So. Denhoff Pt. Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSCHER, ROBERT W 310 VASSAR ST INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAPELYE, Arthur 100 So. Lincoln Ave. Beverly Hills, FL 34465	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIKE, JEAN 11621 W. RIVERHAVEN DR. HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, Claudia 620 No. Heathrow Dr. Lecanto, FL 34461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MARY P.O. BOX 792 HOMOSASSA, FL 34487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHART, Joan 4167 No. Ameche Terr Beverly Hills, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANCUSO, NANCY 10846 SW 86TH OCALA, FL 34481	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANCUSO, NANCY 10846 SW 86TH OCALA, FL 34481	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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			Robert W. Huscher		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-26-06 (352)344-0727		