

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-09-2003 90182 043 ****61.25

DOCUMENT # N00000003988

1. Entity Name

CITRUS COUNTY CITIZENS ACADEMY ALUMNI ASSOCIATION, INC.



Principal Place of Business

**1 SOUTH PARK AVE.
INVERNESS FL 34450**

Mailing Address

**1 SOUTH PARK AVE.
INVERNESS FL 34450**

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 **APPLIED FOR**
59-6000550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAWSY, JEFF SHERIFF
1 SOUTH PARK AVE.
INVERNESS FL 34450**

Name

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

City

FL

Zip Code

I, 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 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 ☐ Delete
NAME **D**
STREET ADDRESS **TURCK, JOSEPH**
CITY-ST-ZIP **3303 W. CARDINAL LN.
HOMOSASSA FL 34446**

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

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **GRANT, JEAN**
CITY-ST-ZIP **P.O. BOX 513
FLORAL CITY FL 34436**

TITLE ☒ Change ☐ Addition
NAME **HUSCHER, ROBERT W.**
STREET ADDRESS **310 VASSAR STREET**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ARLINE, DAWN**
CITY-ST-ZIP **P.O. BOX 1379
CRYSTAL RIVER FL 34423**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **RAPELYE, ARTHUR**
CITY-ST-ZIP **9 NO. FILMORE STREET
BEVERLY HILLS, FL 34465**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **PIKE, JEAN**
CITY-ST-ZIP **11621 W. RIVERHAVEN DR.
HOMOSASSA FL 34448**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ALLISON, JOHN JR.**
CITY-ST-ZIP **9535 W. TOM MASON DR.
CRYSTAL RIVER FL 34428**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **HALL, MARY**
CITY-ST-ZIP **P.O. BOX 792
HOMOSASSA, FL 34487**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **YORK, SHIRLEY**
CITY-ST-ZIP **308 S. LINCOLN AVENUE
BEVERLY HILLS FL 34465**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **MANCUSO, NANCY**
CITY-ST-ZIP **6386 EAST MALVERNE STREET
INVERNESS, FL 34452**

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: **Robert W. Huscher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

(352) 344-0727

Daytime Phone #

CR2E037 (10/02)