

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90082 004 ****61.25

DOCUMENT # N01000003888

1. Entity Name
**THE COMMUNITY LEARNING CENTER OF CITRUS
COUNTY, INC.**



Principal Place of Business
**136 N. FLORIDA AVE.
INVERNESS, FL 34453**

Mailing Address
**PO BOX 1801
INVERNESS, FL 34451**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3734647

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HENRY, JOSEPHINE
136 N. FLORIDA AVE.
INVERNESS, FL 34453**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **D** ☐ Delete
NAME **ALEXANDER, ELIZABETH D**
STREET ADDRESS **PO BOX 1801**
CITY-ST-ZIP **INVERNESS, FL 34451**

TITLE **D** ☐ Change ☒ Addition
NAME **Dabney, Doris**
STREET ADDRESS **P.O. Box 392**
CITY-ST-ZIP **Inverness, FL 34451**

TITLE **PD** ☐ Delete
NAME **BELLAMY, RANDOLPH SR**
STREET ADDRESS **311 DEER RUN RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

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

TITLE **D** ☐ Delete
NAME **HENRY, JOSEPHINE**
STREET ADDRESS **207 W. SHORT ST.**
CITY-ST-ZIP **INVERNESS, FL 34453**

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

TITLE **SD** ☐ Delete
NAME **FUTCH, SHIRLEY**
STREET ADDRESS **PO BOX 822**
CITY-ST-ZIP **HERNANDO, FL 34442**

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

TITLE **S** ☐ Delete
NAME **SIMMONS, LINDA**
STREET ADDRESS **2596 N RAIL ROAD WAY**
CITY-ST-ZIP **HERNANDO, FL 34442**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 empowerment.

SIGNATURE: *Elizabeth D. Alexander*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04
Date

352-560-0000
Daytime Phone #