

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02082 (8)

1. Corporation Name

THE SEMINOLES OF CRYSTAL RIVER, INC.



Principal Place of Business

**915 THIRD AVENUE N/S
CRYSTAL RIVER FL 32926
US**

Mailing Address

**3943 N SPANISH MOSS PT
BEVERLY HILLS FL 34465
US**

3. Date Incorporated or Qualified
03/21/1984

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 135 NE 3RD ST

26 126 NE 2ND ST

4. FEI Number
59-2391052

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 CRYSTAL RIVER, FL.

28 CRYSTAL RIVER, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 34429

25 CITRUS

29 34429

30 CITRUS

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes **yes** ☒ **no** ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNOTWELL, MARGUERITE
3943 N. SPANISH MOSS PTE
BEVERLY HILLS FL 34465**

**81 Name George Rehm
82 Street Address (P.O. Box Number is Not Acceptable) 126 NE 2ND ST.
83 CRYSTAL RIVER, FL.
84 City
85 Zip Code FL 34429**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

George Rehm, George Rehm, Treasurer

NOTE: Registered Agent signature required when reinstating

DATE **4/15/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BOW, GEORGE D	
STREET ADDRESS	22 BEGONIA STREET	
CITY-ST-ZIP	HOMOSASA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLT, GEORGE	
STREET ADDRESS	1208 N. MERLIN TERR.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KING, DAVID	
STREET ADDRESS	2218 N. WATSEEDGE DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KNOTWELL, MARGERITE	
STREET ADDRESS	3943 N. SPANISH MOSS PTE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILCOX, RONALD	
STREET ADDRESS	6835 W. RIVERBEND RD.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, NEIL	
STREET ADDRESS	2221 N. KINGS COVE PT	
CITY-ST-ZIP	CRYSTAL RIVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRENDA SCHNEIDERER	
1.3 STREET ADDRESS	236 NE 3RD ST.	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUTH PEDRICK	
3.3 STREET ADDRESS	3930 N. SEMINOLE PTE	
3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	George Rehm	
4.3 STREET ADDRESS	126 NE 2ND ST	
4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	George Bow	
6.3 STREET ADDRESS	22 BEGONIA ST	
6.4 CITY-ST-ZIP	HOMOSASA, FL 34446	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Rehm, George Rehm, Treas.

DATE **4/15/96** (001) 78-1632

CR2E037 (12/95)