

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90043 013 ****61.25

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DOCUMENT # N02082

1. Corporation Name

THE SEMINOLES OF CRYSTAL RIVER, INC.

Principal Place of Business

135 NE 3RD ST
CRYSTAL RIVER FL 34429
US

Mailing Address

P.O. BOX 2415
CRYSTAL RIVER FL 34423
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

03/21/1984

4. FEI Number
59-2391052

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EMORY, JUDY T
300 SE PARADISE PT RD
CRYSTAL RIVER FL 33409

10. Name and Address of New Registered Agent

81 Name

FRANK KOCH

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

60 S.W. 5th TERRACE

83

84 City

CRYSTAL RIVER

FL

85 Zip Code

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHNEIDERREIT, BRENDA ☒ DELETE

CITY-ST-ZIP CRYSTAL RIVER FL

TITLE VP ☐ DELETE

NAME HOLT, GEORGE
STREET ADDRESS 1208 N. MERLIN TERR.

CITY-ST-ZIP CRYSTAL RIVER FL

TITLE S ☒ DELETE

NAME PEDRICK, RUTH
STREET ADDRESS 3930 N SEMINOLE POINT
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE T ☒ DELETE

NAME EMORY, JUDY
STREET ADDRESS 300 S.E. PARADISE PT. RD
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE D ☐ DELETE

NAME MANNOND, LOUISE
STREET ADDRESS 1046 N CIR DR
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE D ☐ DELETE

NAME BOW, GEORGE
STREET ADDRESS 22 BEGONIA ST
CITY-ST-ZIP HOMOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Frank Koch

1.3 STREET ADDRESS 60 S.W. 5th TERRACE

1.4 CITY-ST-ZIP CRYSTAL RIVER FL 34429

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME RHONDA WHETSTONE

3.3 STREET ADDRESS 905 PALM SPRINGS TER.

3.4 CITY-ST-ZIP CRYSTAL RIVER FL 34429

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME BRENDA SCHNEIDERREIT

4.3 STREET ADDRESS 236 N.E. 3rd ST.

4.4 CITY-ST-ZIP CRYSTAL RIVER FL 34428

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

Daytime Phone #

CR2E:037 (1/198)