

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 # N02969 (6)

1. Corporation Name

THE CITRUS COUNTY DRUG FREE YOUTH ORGANIZATION, INC.

Principal Place of Business

255 N. HWY. 19
SUITE 19
CRYSTAL RIVER, FL 34423-1871

Mailing Address

PO BOX 1871
CRYSTAL RIVER, FL 34423
US



3. Date Incorporated or Qualified
05/09/1984

3a. Date of Last Report
01/25/1995

4. FEI Number
59-2376147

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **255 N. Hwy 19**

26 **P.O. Box 2167**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 19**

27

City & State

City & State

23 **Crystal River, FL**

28 **Crystal River, FL**

Zip

Country

Zip

Country

24 **34423**

25 **Citrus**

29 **34423**

30 **Citrus**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELIA, DAVID F
805 N. HOLLYWOOD CIR.
CRYSTAL RIVER FL 32629**

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ELIA, FRANCES C**
STREET ADDRESS **805 N HOLLYWOOD CIRCLE**
CITY-ST-ZIP **CRYSTAL RIVER FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **ELIA, DAVID F**
STREET ADDRESS **805 N HOLLYWOOD CIRCLE**
CITY-ST-ZIP **CRYSTAL RIVER FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **GODWIN, GLORIA**
STREET ADDRESS **SHETLAND DRIVE**
CITY-ST-ZIP **CRYSTAL RIVER FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **SMITH, JACKIE**
STREET ADDRESS **1680 SE 2ND COURT**
CITY-ST-ZIP **CRYSTAL RIVER FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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:

Gloria Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/6/96 (904) 795-7500

CR2E037 (12/95)