


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90049 009 \*\*\*\*70.00

<b>DOCUMENT # N04000006005</b> 1. Entity Name <b>CITRUS COUNTY VETERANS FOUNDATION, INC.</b>					
Principal Place of Business <b>2804 W MARKINGTON CT SUITE B 140 LECANTO, FL 34461-8334</b>			Mailing Address <b>P.O. BOX 2065 LECANTO, FL 34460-2065</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCLEOD, CARLTON J 670 W. PEARSON ST. HERNANDO, FL 34442</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to Florida Department of State</b> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MCLEOD, CARLTON J 670 W PEARSON STREET HERNANDO, FL 34442</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD RICHIE - MELVAN, SHARON I 13 N ARCH WOOD DRIVE INVERNESS, FL 34450</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD EBITZ, CURTIS V 89 DOUGLAS STREET HOMOSASSA, FL 34446</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HUSCHER, ROBERT W 310 VASSAR STREET INVERNESS, FL 34452</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD RUDD, WALTER E 24 N. SHADOW WOOD DRIVE INVERNESS, FL 34450</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WALTER RUDD, WALTER E. 24 N SHADOW WOOD DRIVE INVERNESS, FL 34450</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD LONGTIN, LEO PAUL 727 E GAINES LN HERNANDO, FL 34442</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JAMES A. WARREN, JANICE A. 1180 N. CIRCLE DRIVE CRYSTAL RIVER, FL 34429</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KENNEY, J.J. 17 GLOXINIAS COURT HERNANDO, FL 34446</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PHILLIPS, VICKI 1100 N OTTAWA AVENUE LECANTON, FL 34461</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Walter E. Rudd</u> WALTER E. RUDD</b>					
<div style="display: flex; justify-content: space-between;"> <span><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></span> <span><b>2/23/2007</b> <small>Date</small></span> <span><b>(352) 726-5091</b> <small>Daytime Phone #</small></span> </div>					

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01092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1232139**

Applied For  
Not Applicable

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