

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N14877

1. Entity Name
UNITED WAY OF CITRUS COUNTY, INC.



Principal Place of Business
5399 W GULF TO LAKE HWY
LECANTO, FL 34461-8531 US

Mailing Address
5399 W GULF TO LAKE HWY
LECANTO, FL 34461-8531 US



04042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2766815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SLAYMAKER, THOMAS E.
2250 W HIGHWAY 44, STE C-1
INVERNESS, FL 34450

**DO NOT WRITE
IN THIS SPACE**

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DELOACH, JERRY
5399 W GULF TO LAKE HWY
LECANTO, FL 344618531

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TAYLOR, DON
5399 W GULF TO LAKE HWY
LECANTO, FL 344618531

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRADTMULLER, RICHARD
5399 W GULF TO LAKE HWY
LECANTO, FL 344618531

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MELLINI, PAUL
5399 W GULF TO LAKE HWY
LECANTO, FL 344618531

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Jerry DeLoach Jerry DeLoach

4/8/08

352-527-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #