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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -6 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16521** **(9)**

1. Corporation Name

CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRE SERVATION AND ENCOURAGEMENT OF BARBER SHOP QUART

Principal Place of Business	Mailing Address
4039 S HIGHLAND AVE INVERNESS FL 34452 US	4039 S HIGHLAND AVE INVERNESS FL 34452 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1986
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2720565 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3373 S. ROYAL OAKS DR	26 3373 S. ROYAL OAKS DR
Suite, Apt. #, etc. 22 UNIT 15-4	Suite, Apt. #, etc. 27 UNIT 15-4
City & State 23 INVERNESS, FL	City & State 28 INVERNESS, FL
Zip 24 34452 Country 25 CITRUS	Zip 29 34452 Country 30 CITRUS

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
HOWARD, T CROSS 3373 S ROYAL OAKS DR, UNIT 15-4 INVERNESS FL 34452	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	DEHAVEN, WARREN	1.2 NAME	Pd Donald Clark
STREET ADDRESS	PO BOX 745 N/A	1.3 STREET ADDRESS	617 Spruce Dr. (W.O.E.)
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	Lady Lake, FL 32159
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	DELANEY, MARTIN J	2.2 NAME	VP Arthur Lemieux
STREET ADDRESS	8640 E KEATING PARK ST	2.3 STREET ADDRESS	6366 E. Mockingbird Lane
CITY-ST-ZIP	FLORAL CITY FL	2.4 CITY-ST-ZIP	Inverness, FL 34452
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, KENNETH W	3.2 NAME	
STREET ADDRESS	1247 ESTATE POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	BALTENSBERGER, ED	4.2 NAME	VP Gabe Lanzano
STREET ADDRESS	409 W HILLMOOR LANE	4.3 STREET ADDRESS	813 Windy Ave.
CITY-ST-ZIP	BEVERLY HILLS FL	4.4 CITY-ST-ZIP	Inverness, FL 34452
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	SALTMARSH, JOHN	5.2 NAME	
STREET ADDRESS	5720 S EATON TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	CROSS, HOWARD T	6.2 NAME	
STREET ADDRESS	3373 S. ROYAL OAKS DRIVE UNIT 15-4	6.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP	

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)(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.

John S Saltmarsh

SIGNATURE: John Saltmarsh Sec. 2-28-95 (904) 726-7091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088000