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 # **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
3373 S. ROYAL OAKS DR. UNIT 15-4 INVERNESS FL 34452 US	3373 S. ROYAL OAKS DR. UNIT 15-4 INVERNESS FL 34452 US

3. Date Incorporated or Qualified: **08/26/1986**
3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2720565** ☐ 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

9. Name and Address of Current Registered Agent

HOWARD, T CROSS
3373 S ROYAL OAKS DR, UNIT 15-4
INVERNESS FL 34452

10. Name and Address of New Registered Agent

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 _____ 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	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CLARK, DONALD		1.2 NAME	NANK, KEN	
STREET ADDRESS	617 SPRUCE DR		1.3 STREET ADDRESS	9140 E. POINT O'WOODS DR.	
CITY-ST-ZIP	LADY LAKE FL		1.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEMIEUX, ARTHUR		2.2 NAME		
STREET ADDRESS	6366 E. MOCKINGBIRD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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	☑ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	LANZANO, GABE		4.2 NAME	VICKERS, CHARLES	
STREET ADDRESS	813 WINDY AVE		4.3 STREET ADDRESS	14040 BROOKRIDGE BLVD.	
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	SD	☐ DELETE	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	☐ DELETE	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		

CR2E037 (12/95)

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: Howard T. Cross 1/30/96 904-726-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #