FILE NOW: FILING FEE IS $61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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

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 HOWARD T. CROSS Howard T. Cross 1/5/98
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	1.1 TITLE		☐ Change ☐ Addition
NAME	LANZANO, GABRIEL		1.2 NAME		
STREET ADDRESS	813 WINDY AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP		
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	VD	☐ Change ☑ Addition
NAME	ROGERS, KENNETH W		3.2 NAME	MACNEILLE, ROBERT	
STREET ADDRESS	1247 ESTATE POINT		3.3 STREET ADDRESS	900 N BROAD ST	
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VALENTINE, JACK		4.2 NAME		
STREET ADDRESS	6230 S WOODLAND PT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY FL		4.4 CITY-ST-ZIP		
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 (10/97)

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: HOWARD T. CROSS SECRETARY Howard T. Cross 1/5/98 352-726-1077