2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90036 021 ****61.25

DOCUMENT # N16521

1. Entity Name

CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRE

AJ0661302

DO NOT WRITE IN THIS SPACE

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 34452-8767 US

2. Principal Place of Business	3. Mailing Address
5720 S. Eaton Terr Suite, Apt. #, etc.	5720 S. Eaton terr Suite, Apt. #, etc.
City & State: Inverness. Florida	City & State: Inverness, Florida
Zip: 34452-8481 Country: Citrus	Zip: 34452-8481 Country: Citrus

4. FEI Number: 59-2720565 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HOWARD, T CROSS~~ ~~3373 S ROYAL OAKS DR, UNIT 15-4~~ ~~INVERNESS FL 34452~~ DELETE	Name: John Saltmarsh Sr. Street Address (P.O. Box Number is Not Acceptable): 5720 S. Eaton terr City: Inverness, FL Zip Code: 34452-8481

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.

SIGNATURE: John Saltmarsh Sr. — John Saltmarsh Sr. — 4-25-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORSS, HOWARD T 3373 S. ROYAL OAKS DR. UNIT 15-4 INVERNESS FL 34452-8767	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kenneth W. Rogers 1247 S. Estate Pt. Inverness, Fl. 34450-5708	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEMIEUX, ARTHUR 6366 E. MOCKINGBIRD LANE INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACNEILLE, ROBERT 900 N BROAD ST BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Macneille Robert 900 N Broad St Brooksville Fl. 34601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANZANO, GABRIEL 813 WINDY AVENUE INERNESS FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALTMARSH, JOHN 5720 S EATON TERR INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DANDIGNAC, EDWARD 6790 E. ROYAL CRES STREET INVERNESS FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: John Saltmarsh Sr. FILED