


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 024 ****61.25

DOCUMENT # N16521			
1. Entity Name CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP			
Principal Place of Business 15 MATRICARIA CT HOMOSASSA FL 34446-5903 US		Mailing Address 15 MATRICARIA CT HOMOSASSA FL 34446-5903 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPENCE, ROBERT B 15 MATRICARIA CT HOMOSASSA FL 34446-5903 <i>Matricaria Ct.</i>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 15 MATRICARIA CT.	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2720565	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCE, ROBERT <i>B</i> 15 MATRICARIA CT HOMOSASSA FL 34446-5903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert L, Frank 4287 N. Arbor Shore Trail Hernando, FL 34442 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEMIEUX, ARTHUR 6366 E. MOCKINGBIRD LANE INVERNESS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> MACNEILLE, ROBERT A. 5105 NEWCROSS ST BROOKSVILLE FL 34601-2353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOHOE, PAUL F 1171 E. TRIPLE CROWN LP HERNANDO FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert B. Spence* Robert B. Spence 2-13-06 (352)382-0336

ATTACHMENT



40034353

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2006

CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRESERVATI
15 MATRICARIA CT
HOMOSASSA, FL 34446-5903 US

SUBJECT: CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE
PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP QUARTET
SINGING IN AMERICA, INC.
Ref. Number: N16521

We have received your document for CITRUS COUNTY CHAPTER OF THE
SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER
SHOP QUARTET SINGING IN AMERICA, INC. and check(s) totaling \$8.75.
However, your check(s) and document are being returned for the following:

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of
status is desired, please add an additional \$8.75.

Per your request, I have enclosed the Articles of Amendment forms for your
convenience.

If you have any questions concerning the filing of your document, please call
(850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 906A00014441