


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90109 001 ****61.25

DOCUMENT # N16521

1. Entity Name
CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP QUART



Principal Place of Business
**15 MATRICARIA CT
 HOMOSASSA, FL 34446-5903 US**

Mailing Address
**15 MATRICARIA CT
 HOMOSASSA, FL 34446-5903 US**

40015400



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2720565

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**SPENCE, ROBERT B
 15 MATRICARIA CT
 HOMOSASSA, FL 34446-5903**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 Robert B. Spence, Secretary - Robert B Spence 2-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SPENCE, ROBERT B	
STREET ADDRESS	15 MATRICARIA CT	
CITY-ST-ZIP	HOMOSASSA, FL 344465903	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, FRANK	
STREET ADDRESS	4287 N. ARBOR SHORE TRAIL	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MACNEILLE, ROBERT	
STREET ADDRESS	5105 NEWCROSS ST	
CITY-ST-ZIP	BROOKSVILLE, FL 346012353	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DONOHUE, PAUL F	
STREET ADDRESS	1171 E. TRIPLE CROWN LP	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Slough, Donald	
STREET ADDRESS	952 N. Cherry Pop Dr.	
CITY-ST-ZIP	Inverness, FL 34453	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oxford, Douglas	
STREET ADDRESS	4310 N. Saddle Dr.	
CITY-ST-ZIP	Beverly Hills, FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, Secretary - Robert B Spence 2-9-07 (352) 382-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #