## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16521

Jan 17, 2008 Secretary of State

Entity Name: CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF

BARBER SHOP QUARTET SINGING IN AMERICA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

15 MATRICARIA CT

HOMOSASSA, FL 344465903 US

**Current Mailing Address: New Mailing Address:** 

15 MATRICARIA CT

HOMOSASSA, FL 344465903 US

FEI Number: 59-2720565 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPENCE, ROBERT B 15 MATRÍCARIA CT

HOMOSASSA, FL 344465903 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete () Change () Addition

SPENCE, ROBERT B Name: Name: 15 MATRICARIA CT Address: Address:

City-St-Zip: HOMOSASSA, FL 344465903 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: ROBERTS, FRANK Name: Address: 4287 N. ARBOR SHORE TRAIL Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

SLOUGH, DONALD Name: OXFORD, DOUGLAS Name: 952 N CHERRY POP DR 4310 N. SADDLE DR. Address: Address: City-St-Zip: INVERNESS, FL 34453 City-St-Zip: BEVERLY HILLS, FL 34465

Title: (X) Delete Title: () Change () Addition

OXFORD, DOUGLAS Name: Name: Address: 4310 N SADDLE DR Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. SPENCE SEC. 01/17/2008