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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16654** **(8)**

1. Corporation Name

CITRUS COUNTY FAMILY RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
C/O GINGER WEST BOX 354 INVERNESS FL 32651	C/O GINGER WEST BOX 354 INVERNESS FL 34451-0354

3. Date Incorporated or Qualified: **09/04/1986**
3a. Date of Last Report: **03/22/1996**

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

4. FEI Number: **59-2998366** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEST, GINGER
3595 E DIANA LN
INVERNESS FL 32650

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEST, "GINGER" VIRGINIA		1.2 NAME		
STREET ADDRESS	3595 E DIANA LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Seacretary	☒ Change ☐ Addition
NAME	SMITH, DOTTY		2.2 NAME		
STREET ADDRESS	5435 S. BARCO TR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE	Tres.	☐ Change ☒ Addition
NAME	PARKER, MARY ANN		3.2 NAME	Mary Floyd	
STREET ADDRESS	6012 W MONTECELLO		3.3 STREET ADDRESS	5025 N. Tanglewood	
CITY-ST-ZIP	HOMASASSA FL		3.4 CITY-ST-ZIP	Hernando, FL 34442	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEE, LINDA		4.2 NAME		
STREET ADDRESS	RT 2 8072 S. BEDFORD RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEST, JOHN		5.2 NAME		
STREET ADDRESS	3595 E. DIANA LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FITTERMAN, SHEARA		6.2 NAME		
STREET ADDRESS	1405 LAKESHORE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Ginger West NOT REQUIRED 2/21/97 344-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065331