

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90085 014 ****61.25

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DOCUMENT # N16654

1. Corporation Name

CITRUS COUNTY FAMILY RESOURCE CENTER, INC.

Principal Place of Business

C/O GINGER WEST
BOX 354
INVERNESS FL 32651

Mailing Address

C/O GINGER WEST
BOX 354
INVERNESS FL 32651



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/04/1986

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2998366

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, GINGER
3595 E DIANA LN
INVERNESS FL 32650

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEST, "GINGER" VIRGINIA
STREET ADDRESS 3595 E DIANA LN
CITY-ST-ZIP INVERNESS FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME SMITH, DOTTY
STREET ADDRESS 5435 S. BARCO TR.
CITY-ST-ZIP INVERNESS FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME MARY FLOYD
STREET ADDRESS 5025 N. TANGLEWOOD
CITY-ST-ZIP HERNANDO FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

T
Mary Floyd
5170 E TANGELO
HERNANDO 34442

TITLE D
NAME LEE, LINDA
STREET ADDRESS RT 2 8072 S. BEDFORD RD.
CITY-ST-ZIP FLORAL CITY FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WEST, JOHN
STREET ADDRESS 3595 E. DIANA LN
CITY-ST-ZIP INVERNESS FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FITTERMAN, SHEARA
STREET ADDRESS 1405 LAKESHORE DR
CITY-ST-ZIP INVERNESS FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE (Typed or Printed Name of Signing Officer or Director)

4/12/99

(352)

344-1001

Date

Daytime Phone #

CR2E037 (11/98)