2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State
07-09-2002 90373 048 ****61.25

DOCUMENT # N16654

1. Entity 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 32651

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2998366 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEST, GINGER 3595 E DIANA LN INVERNESS FL 34453	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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEST, "GINGER" VIRGINIA 3595 E DIANA LN INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sheara Fitterman 301 S Seminole Ave; Inverness Fl 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLEARY, MICHELLE 2785 N PAGE AVE HERNANDO FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rick Waldermar PO Box 2456; Inverness Fl 34450	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHERRY FERRETT 4835 E DARTMOUTH HERNANDO FL 34442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mary Floyd 1570 Tangelo; Inverness, Fl 34453	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP ARNOLD, LINDA RT 2 8072 S. BEDFORD RD. FLORAL CITY FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, JOHN 3595 E. DIANA LN INVERNESS FL 34453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, MARIANNE 6012 W MONTICELLA ST HOMOSASSA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: Virginia L. Weatherred 3-30-02 (352)344 1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #