2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2004
Secretary of State

DOCUMENT# N16654

Entity Name: CITRUS COUNTY FAMILY RESOURCE CENTER, INC.

Current Principal Place of Business:

C/O GINGER WEST
2435 N FLORIDA AVE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

C/O GINGER WEST
2435 N FLORIDA AVE
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-2998366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST, GINGER(VIRGINI L MRS.
3595 E DIANA LN
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WEST, VIRGINIA L MRS	
Address:	3595 E DIANA LN	
City-St-Zip:	INVERNESS, FL 34453	
Title:	S	( ) Delete
Name:	CLEARY, MICHELLE MRS	
Address:	2785 N PAGE AVE	
City-St-Zip:	HERNANDO, FL 34442	
Title:	D	( ) Delete
Name:	FITTERMAN, SHEARA	
Address:	301 S SEMINOLE AVE.	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	ARNOLD, LINDA	
Address:	RT 2 8072 S. BEDFORD RD.	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	D	( ) Delete
Name:	WALDERMAR, RICK	
Address:	PO BOX 2456	
City-St-Zip:	INVERNESS, FL 34450	
Title:	D	( ) Delete
Name:	PARKER, MARIANNE	
Address:	6012 W MONTICELLA ST	
City-St-Zip:	HOMOSASSA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	CLEARY, MICHELLE MRS	
Address:	1782 E CLEVELAND ST	
City-St-Zip:	HERNANDO, FL 34442	
Title:	D	(X) Change ( ) Addition
Name:	LANE, SHEARA	
Address:	301 S SEMINOLE AVE.	
City-St-Zip:	INVERNESS, FL 34452	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GINGER(VIRGINIA L) WEST PRES 02/22/2004

Electronic Signature of Signing Officer or Director — Date