2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90360 017 ****61.25

DOCUMENT # N16654

1. Entity Name
CITRUS COUNTY FAMILY RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
C/O GINGER WEST 2435 N FLORIDA AVE HERNANDO, FL 34442	C/O GINGER WEST 2435 N FLORIDA AVE HERNANDO, FL 34442

04282006 Chg-NP CR2E037 (4/06)

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(VIRGINI L MRS. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida 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, VIRGINIA"GING L MRS 3595 E DIANA LN INVERNESS, FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ~~SEC~~ FLOYD, MARY 2745 E DAWSON INVERNESS, FL 34453	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLEARY, MICHELLE MRS 1782 E CLEVELAND ST HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, SHEARA 301 S SEMINOLE AVE. INVERNESS, FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TERRERO, NURIS 5270 W FIELD STREET HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MONTERO, NURIS SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALDERMAR, RICK PO BOX 2456 INVERNESS, FL 34450	☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 West VIRGINIA L WEST 4-28-06 352 344 1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #