

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90046 029 ****70.00

DOCUMENT # N16654 1. Entity Name CITRUS COUNTY FAMILY RESOURCE CENTER, INC.					
Principal Place of Business C/O GINGER WEST 2435 N FLORIDA AVE HERNANDO, FL 34442			Mailing Address C/O GINGER WEST 2435 N FLORIDA AVE HERNANDO, FL 34442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2998366	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	TREA Floyd, Mary 2745 E. DAWSON INVERNESS, FL. 34453
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 MONTERO, NURIS 5270 W FIELD STREET HOMOSASSA, FL 34446	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Virginia L (Ginger) West</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date Daytime Phone #	

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