2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2003
Secretary of State

DOCUMENT# N16654

Entity Name: CITRUS COUNTY FAMILY RESOURCE CENTER, INC.

Current Principal Place of Business:

C/O GINGER WEST
BOX 354
INVERNESS, FL 32651

New Principal Place of Business:

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

Current Mailing Address:

C/O GINGER WEST
BOX 354
INVERNESS, FL 32651

New Mailing Address:

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

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
3595 E DIANA LN
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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

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: VIRGINIA"GINGER" L WEST 01/25/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEST,,
Address: 3595 E DIANA LN
City-St-Zip: INVERNESS, FL 34453

Title: S ( ) Delete
Name: CLEARY, MICHELLE,
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: PD (X) Change ( ) Addition
Name: WEST, VIRGINIA"GING L MRS
Address: 3595 E DIANA LN
City-St-Zip: INVERNESS, FL 34453

Title: S (X) Change ( ) Addition
Name: CLEARY, MICHELLE MRS
Address: 2785 N PAGE AVE
City-St-Zip: HERNANDO, FL 34442

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ARNOLD, LINDA
Address: RT 2 8072 S. BEDFORD RD.
City-St-Zip: FLORAL CITY, FL 34436

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: VIRGINIA"GINGER" L WEST PD 01/25/2003
Electronic Signature of Signing Officer or Director Date