

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90052 010 \*\*\*\*70.00

**DOCUMENT # N20354**

1. Entity Name

CITRUS COUNTY 10-13 CLUB, INC.



Principal Place of Business

PO BOX 1013  
INVERNESS FL 34450  
US

Mailing Address

PO BOX 1013  
INVERNESS FL 34450  
US

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

59-2871902

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

MISSION, JOHN R  
8921 SOUTH THOROUGHbred POINT  
INVERNESS FL 34452

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, RICHARD	
STREET ADDRESS	822 OAK CREST PATH	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, VINCENT P	
STREET ADDRESS	2828 N. CLEMENTS AVE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	P	<input type="checkbox"/> Delete
NAME	MISSION, JOHN R	
STREET ADDRESS	8921 THOROUGHbred PT	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JOSEPH F	
STREET ADDRESS	3130 N. WOOLFLOWER TERR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEES, ROLAND J	
STREET ADDRESS	1308 SE 18TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILNY, RICHARD E	
STREET ADDRESS	5550 MOCK ORANGE DR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER DiCamillo	
STREET ADDRESS	1998 E. CELINA STREET	
CITY-ST-ZIP	INVERNESS, FLORIDA 34453	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY WISHIN	
STREET ADDRESS	5700 S. BARCO TERRACE	
CITY-ST-ZIP	INVERNESS, FLORIDA 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH KRAMER	
STREET ADDRESS	4869 W. HORSESHOE DRIVE	
CITY-ST-ZIP	BEVERLY HILLS, FLORIDA 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*J.R. Mission*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-2005

Date

352 726-9168

Daytime Phone #