

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25226** (4)

1. Corporation Name

**CITRUS COUNTY COMPUTER CLUB, INC.**

Principal Place of Business	Mailing Address
P.O. BOX 503 BEVERLY HILLS FL 34464-0503	P.O. BOX 503 BEVERLY HILLS FL 34464-0503



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	03/04/1988
4. FEI Number	NOT APPLICABLE
Applied For	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURGMYER, PATRICIA L. 1489 N. ENDICOTT POINT CRYSTAL RIVER FL 34429	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OULETTE, LOU	1.2 NAME	TEAGUE, CARROLL
STREET ADDRESS	1375 E LASALLE ST	1.3 STREET ADDRESS	715 N.E. 13TH TERRACE
CITY-ST-ZIP	HERNANDO LF	1.4 CITY-ST-ZIP	CRYSTAL RIVER - FL-34428
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIDGOER, AL	2.2 NAME	NDWICKE, LEE
STREET ADDRESS	6022 E WINGATE ST	2.3 STREET ADDRESS	3616 N. LOCILLE DR.
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	BEVERLY HILLS - FL-34465
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA BURGMYER	3.2 NAME	
STREET ADDRESS	1489 N. ENDICOTT POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STELFOX, WALTER	4.2 NAME	
STREET ADDRESS	6300 W LIBERTY LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	34448
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*P. D. Burmyer* REQUIRED

3/6/98

352-563-2603

CR2E037 (10/97)