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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25226

1. Corporation Name

CITRUS COUNTY COMPUTER CLUB, INC.

Principal Place of Business

P.O. BOX 503
BEVERLY HILLS FL 34464-0503

Mailing Address

P.O. BOX 503
BEVERLY HILLS FL 34464-0503



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/04/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent

BURGMYER, PATRICIA L.
1489 N. ENDICOTT POINT
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

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

Patricia L. Burgmyer

1/15/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	NOWICKE, LEE
NAME	TEAGUE, CARROLL	1.2 NAME	
STREET ADDRESS	715 NW 13TH TERR	1.3 STREET ADDRESS	3616 N. Lucille Dr
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	1.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	VD	2.1 TITLE	VD
NAME	NOWICKE, LEE	2.2 NAME	
STREET ADDRESS	3616 N LUCILLE DR	2.3 STREET ADDRESS	WALTER STELFOX LN
CITY-ST-ZIP	BEVERLY HILLS FL 34465	2.4 CITY-ST-ZIP	6300 W. LIBERTY LN
TITLE	TD	3.1 TITLE	
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	4.1 TITLE	BENTLEY, ESTELLE
NAME	STELFOX, WALTER	4.2 NAME	
STREET ADDRESS	6300 W LIBERTY LN	4.3 STREET ADDRESS	6510 W. CROSBICK CT.
CITY-ST-ZIP	HOMOSASSA FL 34448	4.4 CITY-ST-ZIP	HOMOSASSA FL 34446
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

Patricia L. Burgmyer

1/15/99 352-563-2603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)