2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25226

FILED Mar 01, 2007 Secretary of State

Entity Name: CITRUS COUNTY COMPUTER CLUB, INC.

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
P.O. BOX 503 BEVERLY HILLS, FL 344640503			4167 N AMECHE TERRACE BEVERLY HILLS, FL 34465	
Current M	lailing Address:	New Mailing Addres	New Mailing Address:	
P.O. BOX BEVERLY	503 HILLS, FL 344640503			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
	T, JOAN MECHE TERRACE HILLS, FL 34465 US			
	e named entity submits this statement for the $\mbox{\scriptsize \mu}$ e of Florida.	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete BOSZAK, LEE 1430 MONOPOLY LOOP INVERNESS, FL 34453 81	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete TOKACH, FRANK 2555 E. MERCURY STREET INVERNESS, FL 34453 81	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete WIARD, THOMAS 10932 N. RIVER RANCH PATH CRYSTAL RIVER, FL 34428	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete REINHART, JOAN 4167 N AMECHE TERR BEVERLY HILLS, FL 34465	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOAN REINHART TD 03/01/2007