

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28531 (4)

1. Corporation Name

CITRUS COUNTY EXECUTIVES ASSOCIATION, INC.



Principal Place of Business

103 N. APOPKA AVE
INVERNESS FL 34450

Mailing Address

P.O. BOX 737
HERNANDO FL 34442
US

3. Date Incorporated or Qualified
09/26/1988

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 103 N. APOPKA AVE.

26 P.O. Box 737

4. FEI Number
59-2998593

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

INVERNESS, FLORIDA

HERNANDO, FLA

24 Zip

25 Country

29 Zip

30 Country

34450

U.S.A.

34442

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARY, POE
103 N. APOPKA
INVERNESS FL 34450

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 617.1503, 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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

4/17/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WRIGHT, KEN
STREET ADDRESS 770 WEST KUHN LANE
CITY-ST-ZIP LECANTO FL

TITLE VP ☒ DELETE

NAME BENNETT, MIKE
STREET ADDRESS 375 NE 10TH AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34452

TITLE D ☐ DELETE

NAME GREEN, JIM
STREET ADDRESS 2937 SOUTH JEAN AVE
CITY-ST-ZIP INVERNESS FL

TITLE D ☒ DELETE

NAME OWENS, JANE
STREET ADDRESS 3840 S. APOPKA AVE
CITY-ST-ZIP INVERNESS FL 34452

TITLE D ☐ DELETE

NAME CALDWELL, SID
STREET ADDRESS 606 WEST MAIN STREET
CITY-ST-ZIP INVERNESS FL

TITLE P ☒ DELETE

NAME POE, GARY
STREET ADDRESS 103 NORTH APOPKA AVE
CITY-ST-ZIP INVERNESS FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VP PETE KANLAY ☒ Change ☐ Addition
46 S. EINHART ST PT.
LECANTO, FLA. 34461

1ST PRESIDENT (D) ☒ Change ☐ Addition
JAMES McLAUGHLIN
3 E REDBAY COURT
HAWESVILLE, FLA. 34446

D BOBBY CLARK ☒ Change ☐ Addition
1041 N. FLORIDA AVENUE
INVERNESS FLA. 34450

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

352-726-8100

Daytime Phone #

CR2E037 (12/95)