


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28531** (4)
1. Corporation Name
CITRUS COUNTY EXECUTIVES ASSOCIATION, INC.



Principal Place of Business 103 N APOPKA AVE INVERNESS FL 34450 US	Mailing Address P. O. BOX 737 HERNANDO FL 34442-0737 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/26/1988	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2998593	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GARY, POE
103 N. APOPKA
INVERNESS FL 34450**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	WRIGHT, KEN
STREET ADDRESS	770 WEST KUHNS LANE
CITY-ST-ZIP	LECANTO FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	PETE KAMAY
STREET ADDRESS	48 S ELMHURST PT
CITY-ST-ZIP	LECANTO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GREEN, JIM
STREET ADDRESS	2037 SOUTH JEAN AVE
CITY-ST-ZIP	INVERNESS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JAMES MCLAUGHLIN
STREET ADDRESS	3 E REDBAY COURT
CITY-ST-ZIP	HOMOSASSA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CALDWELL, SID
STREET ADDRESS	606 WEST MAIN STREET
CITY-ST-ZIP	INVERNESS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOBBY CLARK
STREET ADDRESS	1041 N FLORIDA AVENUE
CITY-ST-ZIP	INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WRIGHT, KEN
1.3 STREET ADDRESS	770 W. KUHNS LANE
1.4 CITY-ST-ZIP	LECANTO FLA. 34461
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFF WILLIAMS
2.3 STREET ADDRESS	6279 N. LECANTO HWY.
2.4 CITY-ST-ZIP	BEVERLY HILLS, FLA. 34465
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ED LEE
3.3 STREET ADDRESS	P.O. BOX 1477 N/A
3.4 CITY-ST-ZIP	LAKE PANASOFFLEE, FLA. 33538
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARIL STOLTZ
5.3 STREET ADDRESS	365 S. SUNCOAST BLVD
5.4 CITY-ST-ZIP	CRYSTAL RIVER, FLA. 34429
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE: *[Signature]* March 12, 1997 352-489-5266

CR2E037 (9/96)