

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 IVERNESS FL 34450 US	Mailing Address P. O. BOX 737 HERNANDO FL 34442 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/26/1988	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	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
GARY, POE
103 N. APOPKA
IVERNESS 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KEN	1.2 NAME	KEN WRIGHT
STREET ADDRESS	770 WEST KUHNS LANE	1.3 STREET ADDRESS	770 W. KUHNS LANE
CITY - ST - ZIP	LECANTO FL	1.4 CITY - ST - ZIP	LECANTO, FLA. 34461
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JEFF	2.2 NAME	JEFF WILLIAMS
STREET ADDRESS	6279 N LECANTO HWY	2.3 STREET ADDRESS	6279 N. LECANTO HWY.
CITY - ST - ZIP	BEVERLY HILLS FL	2.4 CITY - ST - ZIP	BEVERLY HILLS, FLA. 34465
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ED	3.2 NAME	MICHAEL BENNETT
STREET ADDRESS	P O BOX 1477 N/A	3.3 STREET ADDRESS	375 N.E. 10TH AVENUE
CITY - ST - ZIP	LAKE PANASOFFREE FL	3.4 CITY - ST - ZIP	CRYSTAL RIVER, FLA. 34429
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MCLAUGHLIN	4.2 NAME	JIM GREEN
STREET ADDRESS	3 E REDBAY COURT	4.3 STREET ADDRESS	1665 S.E. HWY. 19
CITY - ST - ZIP	HOMOSASSA FL	4.4 CITY - ST - ZIP	CRYSTAL RIVER 34429
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLTZ, MARK	5.2 NAME	MYRNA BOULERICE
STREET ADDRESS	365 S SUNCOAST BLVD	5.3 STREET ADDRESS	7323 South Irma Point
CITY - ST - ZIP	CRYSTAL RIVER FL	5.4 CITY - ST - ZIP	LECANTO, FLA. 34461
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBBY CLARK	6.2 NAME	BOBBY CLARK
STREET ADDRESS	1041 N FLORIDA AVENUE	6.3 STREET ADDRESS	1041 N. FLORIDA AVENUE
CITY - ST - ZIP	IVERNESS FL	6.4 CITY - ST - ZIP	IVERNESS, FLA. 34453

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Bob Clark* **BOBBY CLARK SR (PRES)** 3-3-98 352 824-5999

CR2E037 (10/97)