

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 # **N31943** (6)
1. Corporation Name
CITRUS COUNTY CIVIC ASSOCIATION INCORPORATED



Principal Place of Business Mailing Address
PO BOX 1006 **PO BOX 1006**
HOMOSASSA SPRINGS FL 34447 **HOMOSASSA SPRINGS FL 34447**
US **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1989		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-2940407		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
				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				10. Name and Address of New Registered Agent			
FULLENKAMP, DOROTHY M. 4118 S. WINDING OAKS DR. HOMOSASSA FL 32646				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

Signature, typed or printed name of registered agent; also title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMSTAG, EARL C.			1.2 NAME			
STREET ADDRESS	6276 GROVER CLEVELAND BL			1.3 STREET ADDRESS			
CITY - ST - ZIP	HOMOSASSA SPRINGS FL			1.4 CITY - ST - ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULLENKAMP, OSCAR			2.2 NAME			
STREET ADDRESS	4118 WINDING OAKS DR.			2.3 STREET ADDRESS			
CITY - ST - ZIP	HOMOSASSA FL			2.4 CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRASE, BERTHA			3.2 NAME			
STREET ADDRESS	5107 S. MOORLAND POINT			3.3 STREET ADDRESS			
CITY - ST - ZIP	HOMOSASSA FL			3.4 CITY - ST - ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIEBER, DOROTHY			4.2 NAME			
STREET ADDRESS	4032 SW OAKHURST DRIVE			4.3 STREET ADDRESS			
CITY - ST - ZIP	HOMOSASSA FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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 if changed, or on an attachment with an address.

SIGNATURE: *Earl C. Samstag* **Earl C. Samstag** 4/19/96 (352) 628-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)