

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90026 032 \*\*\*\*61.25

**DOCUMENT # N32287**

1. Entity Name  
**CITRUS COUNTY R/C CLUB, INC.**



Principal Place of Business  
**PO BOX 2418  
DUNNELLON, FL 34430 US**

Mailing Address  
**PO BOX 2418  
DUNNELLON, FL 34430 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**OVERLANDER, ROBERT  
5605 S. CALGARY TERR.  
INVERNESS, FL 34452**

7. Name and Address of New Registered Agent

Name  
**KELLER, MIKE**

Street Address (P.O. Box Number is Not Acceptable)  
**1979 N. EAGLE CHASE DR.**

City  
**HERNANDO**

FL Zip Code  
**34442**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **M. J. KELLER**

*[Signature]*

**4/5/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HELDMANN, GENE**  
STREET ADDRESS **686 W COLBERT CT**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **VPD** ☐ Delete  
NAME **BACKHAUS, FREDERICK**  
STREET ADDRESS **3624 N. LAURELWOOD**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **SD** ☐ Delete  
NAME **OVERLANDER, ROBERT**  
STREET ADDRESS **5605 S. CALGARY TERR**  
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE **TD** ☐ Delete  
NAME **HACKETT, RUSSELL**  
STREET ADDRESS **4926 S MAHOGANY TERRACE**  
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **SILVER, ARTHUR**  
STREET ADDRESS **4827 N. AMARILLO**  
CITY-ST-ZIP **BEVERLY HILLS, FL, 34465**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **CORNELL, TOM**  
STREET ADDRESS **5401 W. RANGER ST.**  
CITY-ST-ZIP **BEVERLY HILLS, FL, 34465**

TITLE **SD** ☒ Change ☐ Addition  
NAME **KELLER, MIKE**  
STREET ADDRESS **1979 N. EAGLE CHASE DR.**  
CITY-ST-ZIP **HERNANDO, FL, 34442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M. J. KELLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/07 352 746 3032**

Date Daytime Phone #