

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N32736 (3)

1. Corporation Name

CITRUS COUNTY ABUSE FOUNDATION, INC.

95 MAY -1 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

201 S OSCEOLA
P O BOX 205
INVERNESS FL 32651-7205
US

P. O. BOX 205
INVERNESS FL 34452-4712
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1989 3a. Date of Last Report 03/25/1994
4. FBI Number 59-2956466 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2250 Hwy 44 West

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Inverness FL

29 Inverness FL

25 Zip Country

30 Zip Country

26 34453

31 34451

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAVIS, CLIFFORD M
109 N APOPKA AVE
INVERNESS FL 32650

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code 34450

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP
D MAYBERRY, NELL 409 QUAIL ROOST DRIVE INVERNESS FL 34450
D BLACKMON, TOMMY 109 N.MAYS AVENUE BROOKSVILLE FL
D WISMER, BRUCE 1603 EDEN DR INVERNESS FL
D TIERNEY, GAIL 7292 TURNER CAMP RD INVERNESS FL
M FLEMING, BECKY 2250 HWY 44 WEST C-2 INVERNESS FL 34450

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 2250 Hwy 44 West, C-2
5.4 CITY - ST - ZIP Inverness, FL 34453
6.1 TITLE ☐ Change ☐ 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 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

Date

904/344-8111

Anytime/Phone #