

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 # N32736 (3)

1. Corporation Name

CITRUS COUNTY ABUSE FOUNDATION, INC.



Principal Place of Business

2250 HWY 44 WEST  
P O BOX 205  
INVERNESS FL 34453  
US

Mailing Address

P. O. BOX 205  
INVERNESS FL 34451  
US

3. Date Incorporated or Qualified  
06/09/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2956466

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
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 34450

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 and 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	D	<input type="checkbox"/> DELETE
NAME	MAYBERRY, NELL	
STREET ADDRESS	400 QUAIL ROOST DRIVE	
CITY-ST-ZIP	PO Box 350 INVERNESS FL 34450 34451	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKMON, TOMMY	
STREET ADDRESS	100 N WAYS AVENUE	
CITY-ST-ZIP	401 US Hwy 41 S BROOKSVILLE FL Inverness FL 34450	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WISMER, BRUCE	
STREET ADDRESS	1803 EDEN DR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIERNEY, GAIL	
STREET ADDRESS	7292 TURNER CAMP RD	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, BECKY	
STREET ADDRESS	2250 HWY 44 WEST, C-2	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Liz Osmond	
1.3 STREET ADDRESS	110 N Apopka Avenue	
1.4 CITY-ST-ZIP	Inverness FL 34450	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles Davis	
2.3 STREET ADDRESS	3075 S Florida Avenue	
2.4 CITY-ST-ZIP	Inverness FL 34450	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kim Richie	
3.3 STREET ADDRESS	110 N Apopka Avenue	
3.4 CITY-ST-ZIP	Inverness FL 34450	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Darlene Dick	
4.3 STREET ADDRESS	1000 E Windsor Court	
4.4 CITY-ST-ZIP	Inverness FL 34450	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sarah Schwartz	
5.3 STREET ADDRESS	165 S Camellia Avenue	
5.4 CITY-ST-ZIP	Crystal River FL 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 353/344-8111  
Date Daytime Phone #

CR2E037 (12/95)