

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N40523 (5)

1. Corporation Name

CITRUS COUNTY TAXPAYERS ASSOCIATION, INC.

Principal Place of Business

222 E. HARVARD ST.  
222 E HARVARD ST.  
INVERNESS FL 34452  
US

Mailing Address

222 E. HARVARD ST.  
222 E HARVARD ST.  
INVERNESS FL 34452-6781  
US



3. Date Incorporated or Qualified  
10/24/1990

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

21 222 E. HARVARD ST.

Suite, Apt. #, etc.

22

City & State

23 INVERNESS, FL.

Zip

24 34452

Country

25 CITRUS

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number  
59-3034116

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

PILE, DAVID  
210 CABOT ST  
INVERNESS FL 34452

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

TITLE D ☐ DELETE

NAME DROLET, HAROLD  
STREET ADDRESS 416 PARK AVENUE  
CITY-STATE-ZIP INVERNESS FL

TITLE VP ☐ DELETE

NAME PYLE, DAVID  
STREET ADDRESS 210 CABOT ST  
CITY-STATE-ZIP INVERNESS FL

TITLE D ☐ DELETE

NAME TRIGIN, RALPH  
STREET ADDRESS 1312 LAKESHORE DR.  
CITY-STATE-ZIP INVERNESS FL

TITLE P ☐ DELETE

NAME PETRANGELO, CARMINE L.  
STREET ADDRESS 222 E. HARVARD STREET  
CITY-STATE-ZIP INVERNESS FL

TITLE D ☐ DELETE

NAME SCHAW, ANN  
STREET ADDRESS 811 EDEN DRIVE  
CITY-STATE-ZIP INVERNESS FL

TITLE D ☐ DELETE

NAME RICHARD SHAW  
STREET ADDRESS 811 EDEN DRIVE  
CITY-STATE-ZIP INVERNESS, FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DAVID PYLE  
210 CABOT ST.  
INVERNESS FL. 34452

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(PRESIDENT)

(352)

CR2E037 (9/96)