


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90082 037 ****61.25


DOCUMENT # N42698

1. Entity Name
 CITRUS AMERICAN AND ITALIAN SOCIAL CLUB, INC.



| | |
|---|---|
| Principal Place of Business 43255 LITTLE AL POINT INVERNESS, FL 34451 | Mailing Address P.O. BOX 2074 INVERNESS, FL 34451 |
|---|---|

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3070435 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DYLE HIORAH S. BOC
 260 FOREST DR
 INVERNESS, FL 34453

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOC, NELCHIORRA S 2360 FOREST DR INVERNESS, FL 34453 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TRASCOY, ANGIE 215 TEMPLE INVERNESS, FL 34452 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SKINNER, JEAN 1039 S. SUNFISH INVERNESS, FL 34452 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAWSON, JERRY <i>Kushnereit Rene</i> 209 S. SCHOOL <i>10110 S. BUCKSKIN AVE</i> LEGANTO, FL 34465 <i>FLORAL CITY FL. 34436</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KUSHANERRIT, ROBERT <i>Kushnereit Robert</i> 10110 S. BUCKSKIN AVE FLORAL CITY, FL 34436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DELUCE, DELORES 9775 W. HORSESHOE DR BEVERLY HILLS, FL 34465 |

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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: *Rene Kushnereit* 1-12-06 352-344-1086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #