

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90141 050 ****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

40045923



02262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3070435

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYLE NICHOLAS BOC
260 FOREST DR
INVERNESS, FL 34453

Martha J. Snyder
217 Temple Street
Inverness, FL 34452

**DO NOT WRITE
IN THIS SPACE**

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

Martha J. Snyder

3/14/07

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOC, NELCHIORRA S 2360 FOREST DR INVERNESS, FL 34453	MARTHA J. SNYDER 217 Temple St Inverness, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRASCOY, ANGIE 215 TEMPLE INVERNESS, FL 34452	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 KUSHNERRIT, FRANK IRENE 10110 S. BUCKSKIN AVE FLORAL CITY, FL 34436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUSHNEREIT, ROBERT 10110 S. BUCKSKIN AVE FLORAL CITY, FL 34436	Beardsley Paul 9921 BASS circle Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELUCE, DELORES 9775 W. HORSESHOE DR BEVERLY HILLS, FL 34465	

**DO NOT WRITE
IN THIS SPACE**

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

Martha J. Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

352-476-8727

Daytime Phone #