

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90001 035 \*\*\*\*70.00

**DOCUMENT # N42698**

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



Principal Place of Business  
**4325 LITTLE AL POINT  
INVERNESS, FL 34452**

Mailing Address  
**P.O. BOX 2074  
INVERNESS, FL 34451**

40032000



02142008 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**

**SNYDER, MARTHA J  
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*

*2-16-08*

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SNYDER, MARTHA J
STREET ADDRESS	217 TEMPLE ST
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	T
NAME	TRASCOY, ANGIE
STREET ADDRESS	215 TEMPLE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	T
NAME	SKINNER, JEAN
STREET ADDRESS	1039 S. SUNFISH
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	T
NAME	KUSHNERRIT, IRENE
STREET ADDRESS	10110 S. BUCKSKIN AVE
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	T
NAME	BEARDSLEY, PAUL
STREET ADDRESS	9931 BASS CIRCLE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	T
NAME	DELUCE, DELORES
STREET ADDRESS	9775 W. HORSESHOE DR
CITY-ST-ZIP	BEVERLY HILLS, FL 34465

*Gloria Roesel  
2981 W Ocala St  
Leecanto, FL 34461*

*Shirley Gosselin  
5641 S. Pleasant Grove Rd.  
Inverness FL 34452*

**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

Date

Daytime Phone #

*2-16-08*