

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N44511 (6)**
1. Corporation Name

ECONOMIC DEVELOPMENT ASSOCIATION OF CITRUS COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:02

Principal Place of Business
2145 W. NORVELL BRYANT HIGHWAY
LECANTO FL 34461

Mailing Address
2145 W. NORVELL BRYANT HIGHWAY
LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1991** 3a. Date of Last Report **01/31/1994**

4. FBI Number **65-0353503** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 1526 N. MEADOWCREST Blvd. 2a. Mailing Address
26 1526 N. MEADOWCREST Blvd.

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 27 City & State
23 CRYSTAL RIVER, FL. 27 CRYSTAL RIVER, FL.

24 Zip 25 Country 29 Zip 30 Country
24 34429-5756 25 USA 29 34429-5756 30 USA

9. Name and Address of Current Registered Agent
GAUDETTE, GERARD
6380 S. TEX POINT
HOMOSSASSA SPRINGS FL 34447

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Gerard Gaudette* DATE: **2-7-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAUDETTE, GERARD
STREET ADDRESS	6380 S. TEX POINT
CITY-ST-ZIP	HOMOSSASSA SPRINGS FL
TITLE	VD
NAME	CUNNINGHAM, KEVIN
STREET ADDRESS	2859 N. CARL G. ROSE HWY.
CITY-ST-ZIP	HERNANDO FL
TITLE	SD
NAME	LANGENMAYR, JIM
STREET ADDRESS	301 US HWY 44
CITY-ST-ZIP	IVERNESS FL
TITLE	TD
NAME	HALL, GASTON
STREET ADDRESS	4775 N. LECANTO HWY
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	CD
NAME	DRIGGERS, WALT
STREET ADDRESS	7700 N. DRIGGERS POINT
CITY-ST-ZIP	HERNANDO FL
TITLE	D
NAME	HUTCHINS, DAVID
STREET ADDRESS	8021 W. GULF TO LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER FL 34428

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLARK, DOLORES	
3.3 STREET ADDRESS	P.O. Box 351NR	
3.4 CITY-ST-ZIP	CRYSTAL, RIVER, FL. 34428-0351	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REMOVE	
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *F. Gaston Hall* F. GASTON HALL **2-7-95** 795-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR