

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 2-7-96

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**FILED**  
Feb 07 1996 8:00 am  
Secretary of State

DOCUMENT # **N44511**

1. Corporation Name

**ECONOMIC DEVELOPMENT ASSOCIATION OF CITRUS COUNTY, INC.**



Principal Place of Business

Mailing Address

1520 N MEADOWCREST BLVD  
CRYSTAL RIVER FL 34429-5956  
US

1520 N MEADOWCREST BLVD  
CRYSTAL RIVER FL 34429-5756  
US

3. Date incorporated or Qualified **07/24/1991** 3a. Date of Last Report **02/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI 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**

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

**GAUDETTE, GERARD**  
6380 S. TEX POINT  
HOMOSASSA SPRINGS FL 34447

81 Name **Kevin Cunningham**  
82 Street Address (P.O. Box Number is Not Acceptable) **2859 N. Carl G. Rose Hwy.**  
83  
84 City **Hernando** FL 85 Zip Code **34442**

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]*  
Signature typed or printed name of registered agent and title if applicable

**KEVIN CUNNINGHAM**

**1-25-96**

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GAUDETTE, GERARD	
STREET ADDRESS	6380 S. TEX POINT	
CITY - ST - ZIP	HOMOSASSA SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, KEVIN	
STREET ADDRESS	2859 N. CARL G. ROSE HWY.	
CITY - ST - ZIP	HERNANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, DOLORES	
STREET ADDRESS	P O BOX 351 N/A	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALL, GASTON	
STREET ADDRESS	4775 N. LECANTO HWY	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DRIGGERS, WALT	
STREET ADDRESS	7700 N. DRIGGERS POINT	
CITY - ST - ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Ronald Kitchen	
13 STREET ADDRESS	6222 Corporate Oaks Drive	
14 CITY - ST - ZIP	Crystal River, FL 34429	
21 TITLE	PD (Past Chairman)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	? Symbol	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JEFFREY HOOPER	
33 STREET ADDRESS	164 W. Chase St.	
34 CITY - ST - ZIP	Hernando, FL 34442	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	GREG HAGAR	
53 STREET ADDRESS	950 W. Main St.	
54 CITY - ST - ZIP	Inverness, FL 34450	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald Kitchen**

1-19-96  
Date

(352) 563-1911  
Daytime Phone #

1-19-96

(352) 563-1911

CR2E037 (12/95)