

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 B

0844 C  
(6)

FILED

Feb 07 1996 8:00 am

Secretary of State

DOCUMENT # N44511

1. Corporation Name

ECONOMIC DEVELOPMENT ASSOCIATION OF CITRUS COUNT  
Y, 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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

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  
NAME GAUDETTE, GERARD  
STREET ADDRESS 6380 S. TEX POINT  
CITY-ST-ZIP HOMOSASSA SPRINGS FL ☒ DELETE

11 TITLE CD ☒ Change ☒ Addition  
12 NAME Ronald Kitchen  
13 STREET ADDRESS 6222 Corporate Oaks Drive  
14 CITY-ST-ZIP Crystal River, FL 34429

TITLE PD  
NAME CUNNINGHAM, KEVIN  
STREET ADDRESS 2859 N. CARL G. ROSE HWY.  
CITY-ST-ZIP HERNANDO FL ☐ DELETE

21 TITLE PD (Past Chairman) ☒ Change ☐ Addition  
22 NAME ? Symbol  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE VP  
NAME CLARK, DOLORES  
STREET ADDRESS P O BOX 351 N/A  
CITY-ST-ZIP CRYSTAL RIVER FL ☒ DELETE

31 TITLE SD ☒ Change ☒ Addition  
32 NAME JEFFREY HOOPER  
33 STREET ADDRESS 164 W. Chase St.  
34 CITY-ST-ZIP Hernando, FL 34442

TITLE TD  
NAME HALL, GASTON  
STREET ADDRESS 4775 N. LECANTO HWY  
CITY-ST-ZIP BEVERLY HILLS FL ☐ DELETE

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE SD  
NAME DRIGGERS, WALT  
STREET ADDRESS 7700 N. DRIGGERS POINT  
CITY-ST-ZIP HERNANDO FL ☒ DELETE

51 TITLE VD ☒ Change ☒ Addition  
52 NAME GREG HAGAR  
53 STREET ADDRESS 950 W. Main St.  
54 CITY-ST-ZIP Inverness, FL 34450

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ 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)