

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N44511 (6)**
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 **02/07/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0353503** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, KEVIN
2859 N CARL G ROSE HWY
HERNANDO FL 34442**

81 Name **F. GASTON HALL III**
82 Street Address (P.O. Box Number is Not Acceptable) **4775 N. LECANTO HWY.**
83
84 City **BEVERLY HILLS** FL 85 Zip Code **34465**

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 _____ DATE **1-28-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** DELETE
NAME **KITCHEN, RONALD**
STREET ADDRESS **6222 CORPORATE OAKS DR**
CITY-ST-ZIP **CRYSTAL RIVER FL**

1.1 TITLE **D** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** DELETE
NAME **HOOPER, JEFFREY**
STREET ADDRESS **184 W CHASE ST**
CITY-ST-ZIP **HERNANDO FL**

3.1 TITLE **VD** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **HAGAR, GREG**
STREET ADDRESS **950 W MAIN ST**
CITY-ST-ZIP **INVERNESS FL**

5.1 TITLE **CD** Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **SD** Change Addition
6.2 NAME **MIKE HARBOUR**
6.3 STREET ADDRESS **2800 W. HWY. 44**
6.4 CITY-ST-ZIP **INVERNESS, FL. 34451**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE **1-28-97** DAYTIME PHONE # **352-795-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)