


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90016 027 \*\*\*\*61.25

<b>DOCUMENT # N45289</b> 1. Entity Name <b>CITRUS COUNTY SENIOR SPORTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4728 N. MAPEVIEW WAY BEVERLY HILLS FL 34465 US</b>				Mailing Address <b>3781 N. PASSION FLOWER WAY BEVERLY HILLS FL 34465 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4728 N. Maplevue Way</b> Suite, Apt. #, etc.			
City & State		City & State <b>Beverly Hills</b>		4. FEI Number <b>59-3081869</b>	
Zip <b>34465</b>		Country <b>Citrus</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DICKERSON, RICHARD E 4728 S. MAPLEVIEW WAY BEVERLY HILLS FL 34465</b>				7. Name and Address of New Registered Agent Name <b>A. Fred T. La France</b> Street Address (P.O. Box Number is Not Acceptable) <b>4728 N. Maplevue Way</b> City <b>Beverly Hills</b> FL <b>34465</b>	
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 <u><i>Alfred T. La France</i></u> DATE <u><i>2/2/04</i></u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAFRANCE, ALFRED T</b> <b>4728 N. MAPLEVIEW WAY</b> <b>BEVERLY HILLS FL 34465</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DIMARIO, PAUL F</b> <b>9740 N. EMELLIA AVE.</b> <b>DUNNELLON FL 34433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WINBURN, JACK</b> <b>819 N. LAFAYETTE</b> <b>INVERNESS FL 34453</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DIMAIO, MAVIS M</b> <b>9740 N. EMELLIA AVE</b> <b>CITRUS SPRINGS FL 34433</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BURKHARDT PALMER</b> <b>6385 N. SHOREWOOD DR</b> <b>HERNANDO FL 34442</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DOCHERTY, JEAN</b> <b>550 W. SAND OAK COURT</b> <b>BEVERLY HILLS FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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.					
<b>SIGNATURE: <i>Alfred T. La France</i> <i>Alfred T. La France</i> <i>2/2/04</i> <i>532-527-6642</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					