

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48473 (5)

1. Corporation Name

CITRUS COUNTY EDUCATION FOUNDATION, INC.



Principal Place of Business

Mailing Address

1007 WEST MAIN STREET
INVERNESS FL 34450
US

PO BOX 2004
INVERNESS FL 34451
US

3. Date Incorporated or Qualified
04/16/1992

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3138328

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

MESSINA, SANDRA K.
1007 WEST MAIN STREET
INVERNESS FL 34450

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MULLIGAN, GERRY	
STREET ADDRESS	1824 N MEADOWCREST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TOLLE, KATHLEEN	
STREET ADDRESS	3498 W NORVELL BRYANT	
CITY-ST-ZIP	LECANTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, GEORGE L.	
STREET ADDRESS	1502 S.E. HIGHWAY 19	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, CHARLES	
STREET ADDRESS	3075 S FLORIDA AVE	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. DONALD SUTTON	
1.3 STREET ADDRESS	450 PLEASANT GROVE RD	
1.4 CITY-ST-ZIP	INVERNESS, FL 34452	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL PANNER	
2.3 STREET ADDRESS	P.O. BOX 1561 800 W. MAIN ST.	
2.4 CITY-ST-ZIP	INVERNESS, FL 34451	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEFF HODGER	
3.3 STREET ADDRESS	PO BOX 1029 1502 SE Hwy 19	
3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34423	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0017155

CR2E037 (3/96)