

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000147 (0)

1. Corporation Name

CITRUS COUNTY CRAFT COUNCIL NPC, INC.



Principal Place of Business

1080 N. COMMERCE TER.
LECANTO FL 34461

Mailing Address

P.O. BOX 333
LECANTO FL 34461

3. Date Incorporated or Qualified
11/02/1992

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **10455 S. Suncoast Blvd**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Lot 72**

27

City & State

City & State

23 **HOMOSASSA FL**

28

Zip

Country

Zip

Country

24 **34446**

25

FLTRUS

29

30

4. FEI Number

65-0384361

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, CYNTHIA C
1080 N. COMMERCE TER.
LECANTO FL 34461

81 Name

Glenda J. Pierce

82

Street Address (P.O. Box Number is Not Acceptable)

10455 S. Suncoast Blvd #72

83

84

City

HOMOSASSA

FL

85 Zip Code
34446

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

Glenda J. Pierce

Glenda J. Pierce

2/29/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **IMHOFF, JO**
STREET ADDRESS **8079 W. NICHOLAS AVE.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **VD** ☐ DELETE
NAME **MAC DONALD, DAVID**
STREET ADDRESS **4606 E PARSONS PT. RD.**
CITY-ST-ZIP **HERNANDO FL**

TITLE **TD** ☒ DELETE
NAME **STEWART, CYNTHIA**
STREET ADDRESS **1080 N. COMMERCE TER.**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE **SD** ☐ DELETE
NAME **DUDA, DOROTHY**
STREET ADDRESS **4570 N. CITRUS AVENUE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☐ DELETE
NAME **NISON, HELEN**
STREET ADDRESS **2454 EAST MARCIA STREET**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Glenda J. Pierce.**
3.3 STREET ADDRESS **10455 S. Suncoast Blvd #72**
3.4 CITY-ST-ZIP **HOMOSASSA, FL 34446**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Glenda J. Pierce

Glenda J. Pierce

2/29/96

(352) 382-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)