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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

10455 S SUNCOAST BLVD
LOT 72
HOMOSASSA FL 34446
USP.O. BOX 333
LECANTO FL 34460-03333. Date Incorporated or Qualified
11/02/19923a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 10455 S. Suncoast Blvd

2a. Mailing Address

26 P.O. Box 578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Lot #86

27

City & State

City & State

23 Homosassa, FL

28 Homosassa Springs, FL

Zip

Country

Zip

Country

24 34446

25 Citrus

29 34447

30 Citrus

4. FEI Number

65-0384361

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

PIERCE, GLENDA J.
10455 S SUNCOAST BLVD
#72
HOMOSASSA FL 34446

81 Name

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

83 #86

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

Glenda J. Pierce

Glenda J. Pierce

DATE

4/13/97

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 344291.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME LEBOURVIEUX, DONNA
1.3 STREET ADDRESS 5971 W. VIKBE PATH
1.4 CITY-ST-ZIP HOMOSASSA, FL 34448TITLE VD ☒ DELETE
NAME MAC DONALD, DAVID
STREET ADDRESS 4606 E PARSONS PT. RD.
CITY-ST-ZIP HERNANDO FL2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME RADEMACHER, UZOLET
2.3 STREET ADDRESS 3294 N. SATTIN FLOWER PT.
2.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465TITLE TD ☐ DELETE
NAME PIERCE, GLENDA J.
STREET ADDRESS 10455 S SUNCOAST BLVD, #72
CITY-ST-ZIP HOMOSASSA FL3.1 TITLE TD ☒ Change ☒ Addition
3.2 NAME PIERCE, GLENDA J.
3.3 STREET ADDRESS 10455 S. Suncoast Blvd #86
3.4 CITY-ST-ZIP HOMOSASSA, FL 34446TITLE SD ☒ DELETE
NAME DUDA, DOROTHY
STREET ADDRESS 4570 N. CITRUS AVENUE
CITY-ST-ZIP CRYSTAL RIVER FL 344294.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME JOHNSON, JEAN
4.3 STREET ADDRESS 6775 W. Park Ave
4.4 CITY-ST-ZIP HOMOSASSA, FL 34446TITLE D ☐ DELETE
NAME NISON, HELEN
STREET ADDRESS 2454 EAST MARCIA STREET
CITY-ST-ZIP INVERNESS FL 344505.1 TITLE ☐ Change ☐ Addition
5.2 NAME SAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME GUNN, JOANN
6.3 STREET ADDRESS 5585 W. Bungalow Ct.
6.4 CITY-ST-ZIP Crystal River, FL 34429

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:

Glenda J. Pierce

4/13/97

352-382-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0085421

CR2E037 (9/96)