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 # **N93000000144 (6)**

1. Corporation Name

CITRUS-HERNANDO PRIVATE INDUSTRY COUNCIL, INC.

Principal Place of Business	Mailing Address
19209 CORTEZ BLVD SUITE 8 BROOKSVILLE FL 34601 US	19209 CORTEZ BLVD SUITE 8 BROOKSVILLE FL 34601 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **01/13/1993**

3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-3165297** ☐ 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

SLAYMAKER, THOMAS E.
2250 HWY N4 WEST, STE C-1
INVERNESS FL 34453

10. Name and Address of New Registered Agent

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 _____ DATE
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	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ALLEN, GLENDA B		12 NAME		
STREET ADDRESS	1645 W MAIN ST		13 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BARRY, MARK		22 NAME		
STREET ADDRESS	5283 NEFF LAKE RD		23 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BRUSH, LYNNE		32 NAME		
STREET ADDRESS	852 HWY 41 SOUTH		33 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BROWN, DON		42 NAME		
STREET ADDRESS	9321 WALLIEN DR.		43 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BUCKINGHAM, RICHARD M		52 NAME		
STREET ADDRESS	33449 OHIO AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	RIDGE MANOR FL 33525		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BEHRENT, SYLVIA		62 NAME		
STREET ADDRESS	661 SOUTH BROAD ST.		63 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		64 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

CITRUS-HERNANDO PRIVATE INDUSTRY COUNCIL
CONTINUED (1996)

D
Ms. Holli Benthusen
1566 N. Meadowcrest Boulevard
Crystal River, FL 34429

D
Mr. L.T. Brown
16425 Spring Hill Drive
Spring Hill, FL 34609

V
Mr. Luther Cason
830 School Street
Brooksville, FL 34601

D
Mr. Ed Chester
P.O. Box 10152
Brooksville, FL 3 4601

D
Mr. David Davis
P.O. Box 1603
Inverness,FL 34451

D
Ms. Linda Gragen
6590 Southeastern Avenue
Homosasssa, FL 34446

D
Mr. Michael Gudis
One Golf View Drive
Homosass, FL 32646

D
Dr. Burt Harres
11415 Ponce De Leon Boulevard
Brooksville, FL 34601

D
Mr. James Kellner
P.O. Box 220
Holder, FL 34445

S
Ms. Donna Kijawski
3774 W. Gulf-to-Lake Highway
Lecanto, FL 34461

D
Mr. Steven Kinard
1201 W. Main Street
Inverness. FL 34450

D
Mr. Cliff Manuel
966 Candlelight Boulevard
Brooksville, FL 34601

D
Mr. Rick Pearson
15002 Cortex Boulevard
Brooksville, FL 34613

D
Mr. Joseph Wheeler
5201 Kennedy B;vd. Ste. 525
Tampa, FL 33609

D
Mr. John Wickert
5426 Spring Hill Drive
Spring Hill, FL 34608

C
Mr. George Williams
P.O. Box 156
Brooksville, FL 34601