

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000692

1. Entity Name
CITRUS COUNTY COMMUNITY FOUNDATION, INC.*



Principal Place of Business
**450 PLEASANT GROVE ROAD
INVERNESS, FL 34452**

Mailing Address
**450 PLEASANT GROVE ROAD
INVERNESS, FL 34452**



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3511466

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAAG, JEANNETTE M
452 PLEASANT GROVE ROAD
INVERNESS, FL 34452**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000035568
02/06/04-80024-011 61.25

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MCCRANIE, ROBERT E III
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
DAVIS, CHARLIE
3075 S. FLORIDA AVE
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
COLE, CHESTER V
1315 N. VANNORTWICK ROAD
LECANTO, FL 34461**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #