

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N95000003205 (0)

1. Corporation Name

CITRUS COUNTY DISTRICT SCHOOL BUS DRIVER'S ASSO
CIATION, INC.

Principal Place of Business

5920 S. KERLEY WAY
HOMOSASSA FL 34446

Mailing Address

5920 S. KERLEY WAY
HOMOSASSA FL 34446



3. Date Incorporated or Qualified
07/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3327778

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

COOK, EMILY
5920 S. KERLEY WAY
HOMOSASSA FL 34446

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

Emily E. Cook

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 COOK, EMILY
STREET ADDRESS 5920 S. KERLEY WAY
CITY-ST-ZIP HOMOSASSA FL 34446

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

TITLE VD ☒ DELETE
NAME GIARDINA, JOSEPH (JOE)
STREET ADDRESS 7170 N. CARL G. ROSE HIGHWAY
CITY-ST-ZIP HERNANDO FL 34442

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Patricia A. Willis
2.3 STREET ADDRESS 4935 Driftwood Way
2.4 CITY-ST-ZIP Homosassa, FL 34447

TITLE SD ☒ DELETE
NAME HART, ELIZABETH
STREET ADDRESS 95 S. LEE STREET
CITY-ST-ZIP BEVERLY HILLS FL 34465

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Danielle Maraden
3.3 STREET ADDRESS 6803 W. Green Acres St.
3.4 CITY-ST-ZIP Homosassa, FL 34446

TITLE TD ☐ DELETE
NAME SELLMAN, JOSEPHINE
STREET ADDRESS 5170 S. SHADEY OAKS LANE
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 700001797497
5.4 CITY-ST-ZIP -04/29/96--01021--015
***\$61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Emily E. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

352-628-9665

Date

Daytime Phone #

CR2E037 (12/95)