


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000003205 (0)**

1. Corporation Name

CITRUS COUNTY DISTRICT SCHOOL BUS DRIVER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5920 S. KERLEY WAY
HOMOSASSA FL 34446**

**5920 S. KERLEY WAY
HOMOSASSA FL 34446-2626**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1995	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3327778	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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	1.1 TITLE	PD
NAME	COOK, EMILY	1.2 NAME	Judith M. Barnes
STREET ADDRESS	5920 S. KERLEY WAY	1.3 STREET ADDRESS	10846 W. Main St.
CITY-ST-ZIP	HOMOSASSA FL 34446	1.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	VD	2.1 TITLE	VD
NAME	WILLIS, PATRICIA OE) A	2.2 NAME	ROSE Pool
STREET ADDRESS	4935 DRIFTWOOD WAY	2.3 STREET ADDRESS	5410 S. Chestnut Terr.
CITY-ST-ZIP	HOMOSASSA FL 34447	2.4 CITY-ST-ZIP	Leesanto, FL 34461
TITLE	SD	3.1 TITLE	
NAME	MARADEN, DANIELLE	3.2 NAME	
STREET ADDRESS	6803 W GREEN ACRES ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	SELLMAN, JOSEPHINE	4.2 NAME	Carlene Ottenbaker
STREET ADDRESS	5170 S. SHADEY OAKS LANE	4.3 STREET ADDRESS	3798 S. Deland Way
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	4.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)