


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004628 (2)**

1. Corporation Name

NORTH CITRUS CIVIC ASSOCIATION, INC.



Principal Place of Business	Mailing Address
9835 NORTH CITRUS AVENUE CRYSTAL RIVER FL 34428	9835 NORTH CITRUS AVENUE CRYSTAL RIVER FL 34428

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/26/1995		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3362753		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		N/A \$8.75 Additional Fee Required	
23		28		N/A		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		N/A	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FIFE, RANDOLPH S 9835 NORTH CITRUS AVENUE CRYSTAL RIVER FL 34428		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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	D. MERLE M. KOWALCZIK
STREET ADDRESS		1.3 STREET ADDRESS	7225 W. RIVER BEND RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DUNNELLON FL 34433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D. JOYCE A. MCGINNIS
STREET ADDRESS		2.3 STREET ADDRESS	7851 W. GLENDALE CRT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DUNNELLON FL 34433
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D. MARIQUITA PROBITT
STREET ADDRESS		3.3 STREET ADDRESS	9951 N. CITRUS AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	D. JOSEPH D. KOWALCZIK
STREET ADDRESS		4.3 STREET ADDRESS	7225 W. RIVER BEND RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DUNNELLON FL 34433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Joseph D. Kowalczyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

(352) 564-0118

Date

Daytime Phone

CR2E037 (3/96)