


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90035 031 ****61.25

DOCUMENT # N95000004628			
1. Entity Name NORTH CITRUS CIVIC ASSOCIATION, INC.			
Principal Place of Business 11074 N WAHOO TR DUNNELLON, FL 34433 US		Mailing Address 11074 N WAHOO TR DUNNELLON, FL 34433 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Y9041120



02112004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3362753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent KEELING, WILLIAM R 11074 N WAHOO TR DUNNELLON, FL 34433		7. Name and Address of New Registered Agent Name: JOHN F. BUNTS SR Street Address (P.O. Box Number is Not Acceptable): 7824 W. WALDREN CT City: DUNNELLON FL Zip Code: 34433	
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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 <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HARVEY, MORRIS <input type="checkbox"/> Delete 8055 N DACCA TERR DUNNELLON, FL 34433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER /DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEELING, SHIRLEY A <input checked="" type="checkbox"/> Delete 11074 N WAHOO TR DUNNELLON, FL 34434	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANNETTE PIERCE 7732 W. SIR WALTERS LN. DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEELING, WILLIAM <input type="checkbox"/> Delete 11074 N WAHOO TR DUNNELLON, FL 34433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT /DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOEL, BEVERLY A <input checked="" type="checkbox"/> Delete 11086 N WAHOO TR DUNNELLON, FL 34433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN F. BUNTS SR 7824 W. WALDREN CT DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, LUCILLE <input checked="" type="checkbox"/> Delete 9071 NORTHCUT AVE CRYSTAL RIVER, FL 34428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTHA FUTCHER 7720 W. CRINOLINE LN. DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADICE KERSHNER 11064 W. WAHOO TRAIL DUNNELLON, FL 34433

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: Morris Harvey MORRIS HARVEY 4/3/04 352-564-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #