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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90102 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001297

1. Corporation Name

HIBERNIANS OF CITRUS COUNTY, FLORIDA, INCORPORATED

Principal Place of Business

1854 JUNE BERRY LN.
 INVERNESS FL 34453

Mailing Address

1854 JUNE BERRY LN.
 INVERNESS FL 34453



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/05/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3368433	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BROGAN, JOHN P
1854 JUNE BERRY LN.
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, JOHN	1.2 NAME	Pierce, Rodney J
STREET ADDRESS	5413 S ISABEL TERR	1.3 STREET ADDRESS	11826 W Waterway Drive
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	Homosassa, FL 34448
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, LLOYD	2.2 NAME	
STREET ADDRESS	1334 W ALEXANDER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN J	3.2 NAME	Dunton, Robert M
STREET ADDRESS	401 E. HARTFORD ST.	3.3 STREET ADDRESS	14 Tall Marigolds Court
CITY-ST-ZIP	HERNANDO FL 34442	3.4 CITY-ST-ZIP	Homosassa, FL 34446
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, RAYMOND J	4.2 NAME	
STREET ADDRESS	55 S. HERON CREEK LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CHARLES	5.2 NAME	
STREET ADDRESS	511 LARCHMONT CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	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 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, with all other like empowered.

SIGNATURE:

Rodney Pierce, President

SIGNATURE REQUIRED

[Signature] 4/5/99

(352) 628-7244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20E037-11/98

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