

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 038 ****61.25

DOCUMENT # N96000001297					
1. Entity Name HIBERNIANS OF CITRUS COUNTY, FLORIDA, INCORPORATED					
Principal Place of Business 4759 N CRESTLINE DR. BEVERLY HILLS, FL 34465			Mailing Address 4759 N CRESTLINE DR. BEVERLY HILLS, FL 34465		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3368433	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLBERT, MICHAEL 4759 N. CRESTLINE DRIVE BEVERLY HILLS, FL 34465			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	☐ Delete		TITLE DT	☐ Change ☒ Addition	
NAME MANNING, LLOYD	1334 W ALEXANDER DR CITRUS SPRINGS, FL 34434		NAME Matthew Curley	323 Jefferson St Beverly Hills, FL 34465	
STREET ADDRESS 1334 W ALEXANDER DR	CITRUS SPRINGS, FL 34434		STREET ADDRESS 323 Jefferson St	Beverly Hills, FL 34465	
CITY-ST-ZIP CITRUS SPRINGS, FL 34434	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP BEVERLY HILLS, FL 34465	BEVERLY HILLS, FL 34465	
TITLE DS	☐ Delete		TITLE _____	☐ Change ☐ Addition	
NAME DUNTON, ROBERT M	14 TALL MARIGOLDS COURT HOMOSASSA, FL 34446		NAME _____	_____	
STREET ADDRESS 14 TALL MARIGOLDS COURT	HOMOSASSA, FL 34446		STREET ADDRESS _____	_____	
CITY-ST-ZIP HOMOSASSA, FL 34446	HOMOSASSA, FL 34446		CITY-ST-ZIP _____	_____	
TITLE DP	☐ Delete		TITLE _____	☐ Change ☐ Addition	
NAME TAYLOR, CHARLES	511 LARCHMONT CT BEVERLY HILLS, FL 34465		NAME _____	_____	
STREET ADDRESS 511 LARCHMONT CT	BEVERLY HILLS, FL 34465		STREET ADDRESS _____	_____	
CITY-ST-ZIP BEVERLY HILLS, FL 34465	BEVERLY HILLS, FL 34465		CITY-ST-ZIP _____	_____	
TITLE DV	☐ Delete		TITLE _____	☐ Change ☐ Addition	
NAME COBERT, MICHAEL	4759 CRESTLINE DR. BEVERLY HILLS, FL 34465		NAME _____	_____	
STREET ADDRESS 4759 CRESTLINE DR.	BEVERLY HILLS, FL 34465		STREET ADDRESS _____	_____	
CITY-ST-ZIP BEVERLY HILLS, FL 34465	BEVERLY HILLS, FL 34465		CITY-ST-ZIP _____	_____	
TITLE _____	☐ Delete		TITLE _____	☐ Change ☐ Addition	
NAME _____	_____		NAME _____	_____	
STREET ADDRESS _____	_____		STREET ADDRESS _____	_____	
CITY-ST-ZIP _____	_____		CITY-ST-ZIP _____	_____	
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: <i>Charles F. Taylor</i>			9/10/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
_____			352-746-5584		
_____			Daytime Phone #		