


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90085 047 \*\*\*\*61.25

<b>DOCUMENT # N98000001232</b> 1. Entity Name <b>EAST CITRUS CIVITAN CLUB, INC.</b>					
Principal Place of Business 641 E GULF TO LAKE HWY LECANTO, FL 34461			Mailing Address PO BOX 0231 INVERNESS, FL 34451		
2. Principal Place of Business <b>Above</b>		3. Mailing Address <b>Above</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>72-1391178</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BELOW, USA 11</b> <b>3355 S. DALTON TERR</b> <b>INVERNESS, FL 34452</b> <i>Charge →</i>				7. Name and Address of New Registered Agent Name <b>USE ID Below - Pres.</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEPPER, JACQUELINE B 200 CHERRY AVE. INVERNESS, FL 34450 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEELER, SAM 529 S JEFFEYSON ST. BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Barbara Hinkle</b> <b>52 N Archwood Dr</b> <b>INVERNESS FL 34450-2522</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINKLE, BARBARA 52 N ARCHWOOD DR. INVERNESS, FL 34450 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOB INVERSON.</b> <b>P.O. Box 2015</b> <b>INVERNESS FL 34451-2015</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, FRANK 343 N BRIGHTON ROAD LECANTO, FL 34461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Frank Lewis Treas.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/04/05 352-726-5601</b> <small>Date Daytime Phone #</small>		