

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90008 004 ****61.25

DOCUMENT # N98000001232

1. Entity Name

EAST CITRUS CIVITAN CLUB, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

72-1391178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELOW USA 10
3355 S. DALTON TERR
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name **Robert Iverson**

Street Address (P.O. Box Number is Not Acceptable)

6155 S. Monnyhake PT

Florida City

City

FL

Zip Code

34436

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. **Robert Iverson** **Treasurer**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **P** ☐ Delete
NAME **HEPFER, JACQUELINE B**
STREET ADDRESS **200 CHERRY AVE.**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **VP** ☐ Delete
NAME **AINKLE, BARBARA**
STREET ADDRESS **52 N ARCHWOOD DR**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Delete
NAME **IVERSON, BOB**
STREET ADDRESS **P O BOX 2015**
CITY-ST-ZIP **INVERNESS FL 34451**

TITLE **TD** ☐ Delete
NAME **LEWIS, FRANK**
STREET ADDRESS **343 N BRIGHTON ROAD**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **OPEN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DAVID A. FIELDS**
STREET ADDRESS **7347 E. APPLEWOOD DR.**
CITY-ST-ZIP **INVERNESS, FL 34450-2520**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
NAME **MARY B. WILLIAMS**
STREET ADDRESS **2545 E MARCO CT. APT 12**
CITY-ST-ZIP **HERNANDO, FL 34442-2962**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
NAME **ROBERT IVERSON**
STREET ADDRESS **P O BOX 2015**
CITY-ST-ZIP **INVERNESS, FL 34451-2015**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
NAME **NEWTON PHILLIPS**
STREET ADDRESS **1101 BUTTERBUSH DR.**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465-4204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Robert Iverson, Treasurer

1/31/06

352-726-4626