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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003027

1. Corporation Name

CITRUS COUNTY FAMILY VISITATION CENTER, INC.

Principal Place of Business

110 N. APOPKA AVENUE
SUITE 357
INVERNESS FL 34450

Mailing Address

110 N. APOPKA AVENUE
SUITE 357
INVERNESS FL 34450



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

59-3513910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WEAVER, DENISE M
2218 HIGHWAY 44 WEST
INVERNESS FL 34453**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **CHIPKAR, JOAN**
STREET ADDRESS **10 PINE DRIVE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **D P** ☐ DELETE
NAME **SCHENCK, KEITH**
STREET ADDRESS **110 N. APOPKA AVENUE, SUITE 316**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ DELETE
NAME **ALLEN, GLENDA B**
STREET ADDRESS **8901 E. TSALA APOPKA DRIVE**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **FRED MORAN**
1.3 STREET ADDRESS **1 SOUTH PARK AVENUE**
1.4 CITY-ST-ZIP **INVERNESS, FL 34451**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **MARY ANN VIRGILIO**
2.3 STREET ADDRESS **2910 S. DAVIS LAKE DRIVE**
2.4 CITY-ST-ZIP **INVERNESS, FL 34450**

3.1 TITLE **D VP** ☐ Change ☒ Addition
3.2 NAME **KAY WILKES**
3.3 STREET ADDRESS **POST OFFICE BOX 5630**
3.4 CITY-ST-ZIP **SPRING HILL, FL 34611**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **TERETTA CHARLES**
4.3 STREET ADDRESS **206 S. LINE AVENUE**
4.4 CITY-ST-ZIP **INVERNESS, FL 34450**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **ELAINE CAPANO**
5.3 STREET ADDRESS **3600 W. SOVEREIGN PATH, ST 178**
5.4 CITY-ST-ZIP **LECANTO, FL 34461**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **OTIS A. LONG, JR.**
6.3 STREET ADDRESS **3600 W. SOVEREIGN PATH, ST 178**
6.4 CITY-ST-ZIP **LECANTO, FL 34461**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 352-637-9891
Date Daytime Phone #

CR2E037 (1/198)

N 98000003027

192424-20039-11

1999 Annual Report Of the Citrus County Family Visitation Center, Inc., Continued:

13. Additions/Changes to Officers and Directors in 12:

D

Jo Ann Alexander

4566 S. Suncoast Boulevard

Homosassa, Fl 34446