

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90086 019 ****61.25

DOCUMENT # N98000003027

1. Entity Name
CITRUS COUNTY FAMILY VISITATION CENTER, INC.



Principal Place of Business
204 S. SEMINOLE AVE
SUITE 357
INVERNESS, FL 34450

Mailing Address
PO BOX 1184
INVERNESS, FL 34451-1184



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3513910

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

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

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 May 1, 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

TITLE ☐ Delete
NAME MORAN, FRED
STREET ADDRESS 1 SOUTH PARK AVENUE
CITY-ST-ZIP INVERNESS, FL 34451

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

TITLE ☐ Delete
NAME LANGLEY, ALIDA
STREET ADDRESS 110 N. APOPKA AVE
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Delete
NAME DIGIOVANNI, FRANK
STREET ADDRESS 212 WEST MAIN STREET
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Delete
NAME HUMPHREM, VICKIE
STREET ADDRESS 3600 E GULF TO LAKE HWY
CITY-ST-ZIP INVERNESS, FL 34453

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME HUMPHREY, VICKIE
STREET ADDRESS 3600 E. GULF-TO-LAKE HWY
CITY-ST-ZIP INVERNESS, FL 34453

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 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:

Vickie J. Humphrey VICKIE J. HUMPHREY

1/15/04

(352) 341-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #