## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**



**FILED** Jan 18, 2005 8:00 am Secretary of State DOCUMENT # N98000003027 01-18-2005 90054 007 \*\*\*150.00

204 S. SEMINOLE AVE INVERNESS, FL 34450  2. Principal Place of Business  3. Mailing Address  Suite, Apt. 4, etc.  3. Mailing Address  Suite, Apt. 4, etc.  3. Mailing Address  Suite, Apt. 4, etc.  3. Mailing Address  City & State  Country  City & State  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Cestred  S. Sa513910  Name  Rea Required  Fee Required  For Status Cestred  See Required  Fee Requir	1. Entity Nam CITRUS (	COUNTY F	FAMILY VISITATI	ON CENT	ER, INC.				01-18-2003	30034 00	<i>y</i> 13	0.00
Suite. Apt. #, etc.   Suite. Apt. #, etc.   Suite. Apt. #, etc.   D1132005 Chg-NP CR2E037 (10/03)  City & State   City & State   Current Registered Agent   Applied For 59-3513910   Applied For 59-3513910   No. Applied For 59-3513910   Sp. Certificate of Status Desired   \$8.75 Additional Fire Required   Fire Required   Fire Required   Fire Required   Sp. Certificate of Status Desired   Fire Required   Fire Required   Name   Na	204 S. SEMINOLE AVE PO BOX 1184							1 (DETINE) BIO (DIG	- 	<b>-</b> 1 <b>81</b>     <b>81</b>    8		<b>                                  </b>
City & State  Country  Country  Country  S. Certificate of State  Fine Required  Fine Requi	2. Principal Place of Business			3. Mailing Address								
Sp-St13910   Not Applicable   Sp-St Additional	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132005 <sub>C</sub>	hg-NP	CR2E037	7 (10/03)		
5. Certificate of Status Desired   Fee Required	City & State			City & State				FO 2542040				
WEAVER, DENISE M 2219 HIGHWAY 44 WEST INVERNESS, FL 34453    City   FL   Zip Code	Zip	ip Country		Zip	ip Country		-					
WEAVER, DENISE M 2219 HIGHWAY 44 WEST INVERNESS, FL 34453  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. Lam familiar wim, and accept the obligations of registered agent.  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. Lam familiar wim, and accept the obligations of registered agent.  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. Lam familiar wim, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar wim, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Florida. Lam familiar wim, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar wim, and accept the obligations of registered agent.  9. Change laddition of the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar wim, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar wim, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar wim, and accept the obligation agent agent and the lamplace agent a	6. Name and Address of Current Register			Registered A	ed Agent			<u> </u>				
Street Address (P.O. Box Number is Not Acceptable)	WEAVED	DENIOE M		•		Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature Populations of registered agent.  Signature Interest Agent signature required when rendating)  DATE  Filling Fee is \$61.25  Due by May 1, 2005  Proffcers AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Delete NAME  MORAN, FRED  INVERNESS, FL 34451  ITILE  D DATE  Delete  TITLE  D DATE  DOI: 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  DATE  DELETED OFFICERS AND DIRECTORS IN 10  Delete  NAME  SIREET ADDRESS  CITY-51-2P  INVERNESS, FL 34450  DELETED OFFICERS AND DIRECTORS IN 10  Delete  TITLE  D DATE  DOI: 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  DATE  DATE  DATE  DOI: 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CITY-51-2P  INVERNESS, FL 34450  DELETED OFFICERS AND DIRECTORS IN 10  Delete  TITLE  D DATE	WEAVER, DENISE M 2218 HIGHWAY 44 WEST INVERNESS, FL 34453					Street A	ddress (F	P.O. Box Number is	Not Acceptable	)		
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SIGNATURE    Signature Speed or printed name of registered agent and lite if applicable.   INSTEX Registered Agent signature required when remasking)   DATE						City				FL	Zip Cour	<i>'</i>
Due by May 1, 2005   Trust Fund Contribution.   Added to Fees   Florida Department of State		tions of register	ed agent.						The State of Flo	. •	uttingi Willi,	
ITILE D Delete MORAN, FRED   Delete NAME   Change   Addition   MAME MORAN, FRED   INVERNESS, FL 34451   Delete   MAME   MORAN, FRED   INVERNESS, FL 34451   Delete   MAME   MORAN, FRED   INVERNESS, FL 34451   Delete   MAME   MAME   SCHENCK, KEITH   Delete   MAME   STREET ADDRESS   MOYER STATE ADDRESS   INVERNESS, FL 34450   Delete   MAME   MAME   LANGLEY, ALIDA   Delete   MAME   MAME   MAME   CITY-ST-ZIP   MAME   DIGIOVANNI, FRANK   Delete   MAME   MAME   DIGIOVANNI, FRANK   DELETE   MAME   MAME   MAME   DIGIOVANNI, FRANK   DELETE   MAME   MAME   MAME   DIGIOVANNI, FRANK   MAME   MAME   MAME   DIGIOVANNI, FRANK   MAME   MAME   MAME   DIGIOVANNI, FRANK   MAME	<del></del>			,				T-1 11 11 11 11 11 11 11-				
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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.

1/13/05 (352)341-3449 SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #