


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90054 007 \*\*\*150.00

<b>DOCUMENT # N98000003027</b> 1. Entity Name <b>CITRUS COUNTY FAMILY VISITATION CENTER, INC.</b>					
Principal Place of Business <b>204 S. SEMINOLE AVE SUITE 357 INVERNESS, FL 34450</b>			Mailing Address <b>PO BOX 1184 INVERNESS, FL 34451-1184</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01132005 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-3513910</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEAVER, DENISE M 2218 HIGHWAY 44 WEST INVERNESS, FL 34453</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORAN, FRED</b>		NAME		
STREET ADDRESS	<b>1 SOUTH PARK AVENUE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>INVERNESS, FL 34451</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHENCK, KEITH</b>		NAME	<b>David Langer</b>	
STREET ADDRESS	<b>110 N. APOPKA AVENUE, SUITE 316</b>		STREET ADDRESS	<b>3600 E. Gulf-to-Lake Hwy</b>	
CITY - ST - ZIP	<b>INVERNESS, FL 34450</b>		CITY - ST - ZIP	<b>Inverness, FL 34453</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANGLEY, ALIDA</b>		NAME		
STREET ADDRESS	<b>110 N. APOPKA AVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>INVERNESS, FL 34450</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIGIOVANNI, FRANK</b>		NAME		
STREET ADDRESS	<b>212 WEST MAIN STREET</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>INVERNESS, FL 34450</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUMPHREY, VICKIE</b>		NAME		
STREET ADDRESS	<b>3600 E GULF TO LAKE HWY</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE: Vickie Humphrey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>TREASURER</b> <small>Date</small>		
			<b>1/13/05 (352) 341-3449</b> <small>Daytime Phone #</small>		