

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

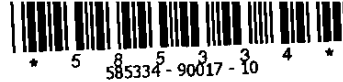
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Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90017 010 ****61.25

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Corporation Name

CITRUS COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.



Principal Place of Business

213 NORTH APOPKA AVENUE
INVERNESS FL 34450

Mailing Address

213 NORTH APOPKA AVENUE
INVERNESS FL 34450

1. Principal Place of Business

28 N.W. Hwy 19
Suite, Apt. #, etc.

2a. Mailing Address

28 N.W. Hwy 19
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

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

City & State
CRYSTAL RIVER

City & State
CRYSTAL RIVER

Zip Country
34428 25 USA

Zip Country
34428 30 USA

9. Name and Address of Current Registered Agent

NEAL, JAMES A JR
213 NORTH APOPKA AVENUE
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name
Richard N. Jensen

82 Street Address (P.O. Box Number is Not Acceptable)
28 N.W. Highway 19

84 City
Crystal River, FL 85 Zip Code
34428

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

Richard N. Jensen RICHARD N. JENSEN EXECUTIVE DIRECTOR 6/8/99
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MISKIMEN, GEORGE DR	
STREET ADDRESS	P.O. BOX 210 N/A	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-0210	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	GUDIS, MICHAEL L	
STREET ADDRESS	100 NE BAYSHORE DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LANGER, DAVID	
STREET ADDRESS	8011 HALCYONE ISLE CT.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SARTORY, LARRY	
STREET ADDRESS	2960 W. PLANTATION PINES CT.	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUTCHINS, DAVE	
STREET ADDRESS	8021 W. GULF-TO-LAKE HWY.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gudis, Michael L.	
1.3 STREET ADDRESS	253 N.W. Baypath Drive	
1.4 CITY-ST-ZIP	Crystal River, FL 34428	
2.1 TITLE	Vice President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Calloway, C.L.	
2.3 STREET ADDRESS	5330 W. Gulf to Lake Highway	
2.4 CITY-ST-ZIP	Decanto, FL	
3.1 TITLE	President Elect D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sartory, Larry	
3.3 STREET ADDRESS	2960 W. Plantation Pines Court	
3.4 CITY-ST-ZIP	Decanto, FL 34460	
4.1 TITLE	Secretary D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cunningham, Kevin	
4.3 STREET ADDRESS	2729 N. Reston Terrace	
4.4 CITY-ST-ZIP	Hernando, FL 34442	
5.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hutchins, David	
5.3 STREET ADDRESS	8021 W. Gulf to Lake Hwy	
5.4 CITY-ST-ZIP	Crystal River, FL 34429	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

715-2000

Date

Daytime Phone #

CR2E037 (11/98)