

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90053 010 \*\*\*\*61.25

<b>DOCUMENT # N98000004567</b>					
<b>1. Entity Name</b> CITRUS COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.					
<b>Principal Place of Business</b> 28 NW HWY 19 CRYSTAL RIVER, FL 34428 US			<b>Mailing Address</b> 28 NW HWY 19 CRYSTAL RIVER, FL 34428 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> NOT APPLICABLE	
<b>6. Name and Address of Current Registered Agent</b> SMALL, KATHLEEN PROGRESS ENERGY 4121 ST LAWRENCE DR NEW PORT RICHEY, FL 34653				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				State <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE <i>Kathleen L. Small</i>				DATE <b>3/31/05</b>	
Filing Fee is \$61.25 Due by May 1, 2005				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALL, KATHLEEN <input type="checkbox"/> Delete 4121 ST LAWRENCE DR NEW PORT RICHEY, FL 34653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED REYNOLDS, JACK <input type="checkbox"/> Delete 4325 S SUNCOAST BLVD HOMOSASSA SPRINGS, FL 34447				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BARKER, WILLIAM <input type="checkbox"/> Delete 28 NW HWY. 19 CRYSTAL RIVER, FL 34428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANKLIN, THOMAS <input checked="" type="checkbox"/> Delete 1125 VAN NORTWICK RD LECANTO, FL 34461				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARKINS, JACK <input checked="" type="checkbox"/> Delete 5534 N. BEDSTROW BLVD. BEVERLY HILLS, FL 34465				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</b>					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.D. James Holder 301 US Hwy 41 South INVERNESS, FL 34450					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS					
CITY-ST-ZIP					
<b>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: <i>Kathleen L. Small</i>				DATE: <b>3/31/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # <b>(727) 372-5130</b>	