

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90024 042 \*\*\*\*61.25

**DOCUMENT # N98000004567**

1. Entity Name  
**CITRUS COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.**



Principal Place of Business  
**28 NW HWY 19  
CRYSTAL RIVER, FL 34428 US**

Mailing Address  
**28 NW HWY 19  
CRYSTAL RIVER, FL 34428 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

**SMALL, KATHLEEN  
PROGRESS ENERGY  
4121 ST LAWRENCE DR  
NEW PORT RICHEY, FL 34653**

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

**28 NW Hwy 19  
Crystal River, FL 34428**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **SMALL, KATHLEEN**  
STREET ADDRESS **4121 ST LAWRENCE DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

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

TITLE **PED** ☐ Delete  
NAME **REYNOLDS, JACK**  
STREET ADDRESS **4325 S SUNCOAST BLVD**  
CITY-ST-ZIP **HOMOSASSA SPRINGS, FL 34447**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TSD** ☒ Delete  
NAME **BARKER, WILLIAM**  
STREET ADDRESS **28 NW HWY. 19**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **TSD** ☐ Change ☐ Addition  
NAME **John Siefert**  
STREET ADDRESS **3810 S. Lecanto Hwy Bldg. 2**  
CITY-ST-ZIP **Lecanto, FL 34461**

TITLE **VD** ☐ Delete  
NAME **HOLDER, JAMES**  
STREET ADDRESS **301 US HWY 41 SOUTH**  
CITY-ST-ZIP **INVERNESS, FL 34450**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack Reynolds**  
**4/1/06**

Date

Daytime Phone #

**352-628-3812**