

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 050 ****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**



03122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DWYER, LISA
28 NW HWY 19
CRYSTAL RIVER, FL 34428**

**DO NOT WRITE
IN THIS SPACE**

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

Lisa A. Dwyer

(NOTE: Registered Agent signature required when reappointing)

3-12-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
SIEFERT, JOHN
3810 S LECANTO HWY BLDG 2
LECANTO, FL 34481**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

3/14/07

352-628-3812

Daytime Phone #