

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005959

FILED  
Sep 12, 2008  
Secretary of State

Entity Name: RURAL LITHIA AREA NEIGHBORHOOD DEFENSE, INC.

**Current Principal Place of Business:**

1906 BLOOMINGDALE AVE  
VALRICO, FL 335966204

**New Principal Place of Business:**

1621 THOMPSON RD  
LITHIA, FL 33547

**Current Mailing Address:**

1906 BLOOMINGDALE AVE  
VALRICO, FL 335966204

**New Mailing Address:**

P.O. BOX 330  
LITHIA, FL 335470330

FEI Number: 65-1319040      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRYSNER, PAMELA  
18335 LITHIA TOWNE ROAD  
LITHIA, FL 33547      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PRYSNER, PAMELA  
Address: 18335 LITHIA TOWNE ROAD  
City-St-Zip: LITHIA, FL 33547

Title: VP      ( ) Delete  
Name: CORNELIUS, KELLY  
Address: 18732 DORMAN ROAD  
City-St-Zip: LITHIA, FL 33547

Title: S      ( ) Delete  
Name: GOODRUM, VANESSA  
Address: 1517 UNCLE BUDS LANE  
City-St-Zip: LITHIA, FL 33547

Title: T      ( ) Delete  
Name: SCOTT, GAIL  
Address: 18935 DORMAN ROAD  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: CLOUSTON, PAMELA M  
Address: 1621 THOMPSON RD  
City-St-Zip: LITHIA, FL 33547

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL H SCOTT

T

09/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date