

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 17, 2011  
Secretary of State**

DOCUMENT# N07000005959

**Entity Name:** RURAL LITHIA AREA NEIGHBORHOOD DEFENSE, INC.

**Current Principal Place of Business:**

1621 THOMPSON RD  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 330  
LITHIA, FL 335470330

**New Mailing Address:**

**FEI Number:** 65-1319040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: CLOUSTON, PAMELA M  
Address: 1621 THOMPSON RD  
City-St-Zip: LITHIA, FL 33547

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GAIL SCOTT

T

05/17/2011

Electronic Signature of Signing Officer or Director

Date