

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# N08000005495

Entity Name: 210 CITIZENS ALLIANCE, INC.

**Current Principal Place of Business:**

4376 COMANCHE TRAIL  
SAINT JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

4376 COMANCHE TRAIL  
SAINT JOHNS, FL 32259 US

**New Mailing Address:**

2220 CR 210 W  
STE 108, BOX 127  
SAINT JOHNS, FL 32259 US

FEI Number: 04-3792300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALLSUP, KIM  
4376 COMANCHE TRAIL BLVD.  
SAINT JOHNS, FL 32259 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: PRES ( ) Delete  
Name: ALLSUP, KIM  
Address: 4376 COMANCHE TRAIL  
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: VP ( ) Delete  
Name: CLOSE, GLENN  
Address: 1339 IVYHEDGE AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: TREA ( ) Delete  
Name: NEWMAN, MATTHEW  
Address: 1220 WOODCHURCH LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: SECR ( ) Delete  
Name: EVANS, KARLA  
Address: 5504 BEAR CLAW COURT  
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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

Title: D ( ) Change (X) Addition  
Name: FAVALE, BARBARA  
Address: 1415 CRESTED HERON DR  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D ( ) Change (X) Addition  
Name: MCGILLIN, HOWARD O JR  
Address: 1734 HIGHLAND VIEW DR  
City-St-Zip: ST AUGUSTINE, FL 32092

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: KIM ALLSUP

PRES

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date