

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005495

FILED
Apr 15, 2010
Secretary of State

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:

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

New Mailing Address:

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
Name: ALLSUP, KIM
Address: 4376 COMANCHE TRAIL
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: VP
Name: INGALLS, LARRY
Address: 1114 GARRISON DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: TREA
Name: FAVALE, BARBARA
Address: 1415 CRESTED HERON COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: SECR
Name: DRINKWATER, DIANNE
Address: 1532 WEST WINDY WILLOW DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: D
Name: CLOSE, GLENN
Address: 1339 IVY HEDGE AVE
City-St-Zip: ST AUGUSTINE, FL 32092

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

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: HOWARD O MCGILLIN JR

D

04/15/2010

Electronic Signature of Signing Officer or Director

_____ Date