

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 26, 2011  
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:**

4376 COMANCHE TRAIL BLVD.  
SAINT JOHNS, FL 32259 US

**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 BLVD.  
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: SCHULZ, BRIAN  
Address: 1127 GARRISON DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

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

Title: DIR  
Name: EMAMDIE, NIZAM  
Address: 1465 GREYFIELD DRIVE  
City-St-Zip: SAINT 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: BRIAN SCHULZ

TREA

04/26/2011

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

\_\_\_\_\_  
Date