# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2009**
**Secretary of State**

DOCUMENT# N08000005904

**Entity Name:** CITIZENS FOR RESPONSIBLE LOCAL GOVERNMENT, INC.

**Current Principal Place of Business:**

301 NORTH MAIN STREET
HASTINGS, FL 32145

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 400
HASTINGS, FL 32145

**New Mailing Address:**

**FEI Number: 26-2900303** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

THE TUCK LAW FIRM, P.A.
1015 ATLANTIC BOULEVARD
270
ATLANTIC BEACH, FL 32233 US

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

WORTH, DOUG
301 NORTH MAIN STREET
HASTINGS, FL 32145 US

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: DOUG WORTH 01/09/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MCGUIRE, CRAIG
Address: 301 NORTH MAIN STREET
City-St-Zip: HASTINGS, FL 32145

Title: VP ( ) Delete
Name: WORTH, DOUG
Address: 301 NORTH MAIN STREET
City-St-Zip: HASTINGS, FL 32145

Title: S ( ) Delete
Name: MCGUIRE, CRAIG
Address: 301 NORTH MAIN STREET
City-St-Zip: HASTINGS, FL 32145

Title: T ( ) Delete
Name: WORTH, DOUG
Address: 301 NORTH MAIN STREET
City-St-Zip: HASTINGS, FL 32145

**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:

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: DOUG WORTH T 01/09/2009
Electronic Signature of Signing Officer or Director Date