

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705378

FILED
Mar 19, 2009
Secretary of State

Entity Name: CITRUS COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

401 TOMPKINS STREET
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 709
HOMOSASSA SPRINGS, FL 344470709 US

New Mailing Address:

FEI Number: 59-1535542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, KITTY L
28 NW US HWY 19
CRYSTAL RIVER, FL 344283900 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: SD () Delete
Name: HADSELL, LEANNE
Address: 13 DOGWOOD DRIVE
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: FLANAGAN, CARL
Address: 2455 N CITRUS HILLS BLVD
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: CUNNINGHAM, KEVIN
Address: 2421 NORTH LECANTO HIGHWAY
City-St-Zip: LECANTO, FL 34461

Title: P () Delete
Name: BRANCATO, JOYCE
Address: 6201 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D () Delete
Name: WARDLOW, ROB
Address: 450 PLEASANT GROVE RD.
City-St-Zip: INVERNESS, FL 34452

Title: VP () Delete
Name: HENSLEY, ROCKY
Address: 408 HWY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450

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: D (X) Change () Addition
Name: BRANCATO, JOYCE
Address: 6201 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34428

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

Title: D (X) Change () Addition
Name: HENSLEY, ROCKY
Address: 151 E HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

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: LEANNE HADSELL

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date