2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705410

FILED Mar 20, 2009 Secretary of State

Entity Name: CITRUS CENTER BOYS AND GIRLS CLUBS, INC.

Current Principal Place of Business: New Principal Place of Business: 2400 HAVENDALE BLVD WINTER HAVEN, FL 33881 **Current Mailing Address: New Mailing Address:** 2400 HAVENDALE BLVD WINTER HAVEN, FL 33881 FEI Number: 59-0776417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, KERRY 141 5TH ST. N.W. WINTER HAVEN, FL 33881 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILSON, KERRY Name: Name: 141 5TH ST. N.W. Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: VD () Delete Title: () Change () Addition KRIEGER, ROBERT Name: Name: Address: 1115 6TH ST., SW Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: VD. Title: () Change () Addition () Delete BELL, MIKE Name: Name: 5580 CYPRESS GARDENS BLVD SE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: () Delete Title: TD Title: () Change () Addition SCARBROUGH, JEFF Name: Name: 141 EAST CENTRAL AVE SUITE 340B Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: CPO () Delete Title: () Change () Addition HALL, WALTER D SR, Name: Name: 238 7TH L HAMILTON Address: Address: City-St-Zip: LAKE HAMILTON, FL 33851 City-St-Zip: Title: () Delete Title: (X) Change () Addition TENNICK, DEBBIE SMITH, RICK Name: Name: Address: 325 W. CENTRAL AVE Address: 1900 HAVENDALE BLVD WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33881 City-St-Zip: 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: WALTER D HALL SR CPO 03/20/2009