

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2009**  
**Secretary of State**

DOCUMENT# 713874

Entity Name: HOMOSASSA CIVIC CLUB, INC.

**Current Principal Place of Business:**

1097 W. CREEK LN  
HOMOSASSA, FL 34487 US

**New Principal Place of Business:**

10974 W. CREEK LN  
HOMOSASSA, FL 34448 US

**Current Mailing Address:**

P.O. BOX 493  
HOMOSASSA, FL 34487 US

**New Mailing Address:**

FEI Number: 59-2355082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TOTO, DIANE  
6629 BASSETT DR.  
HOMOSASSA, FL 34448 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: VP ( ) Delete  
Name: WATKINS, PRISCILLA  
Address: 11709 W FISHERMAN LANE  
City-St-Zip: HOMOSASSA, FL 34448

Title: TR ( ) Delete  
Name: REYNOLDS, KAREN  
Address: POB 244  
City-St-Zip: HOMOSASSA, FL 34487

Title: TR ( ) Delete  
Name: JACOBS, JAKE  
Address: 5905 SOUTH SHADY TREE PATH  
City-St-Zip: HOMOSASSA, FL 34448

Title: TR ( ) Delete  
Name: LAWSON, WILLIAM  
Address: 12396 WEST STANDISH DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: T ( ) Delete  
Name: BURR, ELAINE  
Address: P O B 426  
City-St-Zip: HOMOSASSA, FL 34487

Title: S ( ) Delete  
Name: YOST, PENNY  
Address: 15 PINE ST  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: ANDREWS, WILLIAM  
Address: P.O, BOX 608  
City-St-Zip: HOMOSASSA, FL 34487

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

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

Title: TR (X) Change ( ) Addition  
Name: LAWSON, WILLIAM  
Address: 14 FIG CT.E.  
City-St-Zip: HOMOSASSA, FL 34446

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: ELAINE BURR

TRES

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date