

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716388

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** THE CITRUS COUNTY BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

213 COURTHOUSE SQUARE  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 574  
INVERNESS, FL 34451 US

**New Mailing Address:**

**FEI Number:** 59-2957650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES A. NEAL JR., PA  
213 COURTHOUSE SQUARE  
INVERNESS, FL 34450 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: NEAL, JAMES A JR.  
Address: 213 COURTHOUSE SQUARE  
City-St-Zip: INVERNESS, FL 34450

Title: PD ( ) Delete  
Name: ELLIS, DAWN  
Address: P.O. BOX 1106  
City-St-Zip: INVERNESS, FL 34451

Title: TD ( ) Delete  
Name: GERSTNER, LISA  
Address: 1078 W. MAIN STREET  
City-St-Zip: INVERNESS, FL 34450

Title: VPD ( ) Delete  
Name: MORING, JACK  
Address: 7655 W GULF TO LAKE HWY, #12  
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: SD (X) Change ( ) Addition  
Name: LIEBERMAN, MICHELE L  
Address: 2805 HWY. 44 WEST  
City-St-Zip: INVERNESS, FL 34453

Title: PD (X) Change ( ) Addition  
Name: MORING, JACK  
Address: 7655 W GULF TO LAKE HWY #12  
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: VPD (X) Change ( ) Addition  
Name: FRIEDRICH, JOHNNYE  
Address: 452 PLEASANT GROVE RD  
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: MICHELE L. LIEBERMAN

SD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date