

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716388

FILED
Mar 12, 2009
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: LIEBERMAN, MICHELE L
Address: 2805 HWY. 44 WEST
City-St-Zip: INVERNESS, FL 34453

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

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

Title: VPD () Delete
Name: FRIEDRICH, JOHNNYE
Address: 452 PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: FRIEDRICH, JOHNNYE
Address: 452 PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

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

Title: VPD (X) Change () Addition
Name: GRANT, WILLIAM J
Address: 123 N. APOPKA AVENUE
City-St-Zip: INVERNESS, FL 34450

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

03/12/2009

Electronic Signature of Signing Officer or Director

Date