

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716388

**FILED**  
**Mar 15, 2010**  
**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:**

123 N. APOPKA AVENUE  
INVERNESS, FL 34450 US

**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:**

WILLIAM J. GRANT  
123 N. APOPKA AVENUE  
INVERNESS, FL 34450 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: WILLIAM J. GRANT

03/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRANT, WILLIAM J  
Address: 123 N. APOPKA AVENUE  
City-St-Zip: INVERNESS, FL 34450

Title: VP  
Name: MERRILL, DALE M  
Address: P.O. BOX 2139  
City-St-Zip: CRYSTAL RIVER, FL 34423

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J. GRANT

PD

03/15/2010

Electronic Signature of Signing Officer or Director

Date