

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724212

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIREARTMENT, INC

**Current Principal Place of Business:**

2189 NE 180TH LANE  
P.O. BOX 236  
CITRA, FL 32113

**New Principal Place of Business:**

2189 NE 180TH LANE  
CITRA, FL 32113

**Current Mailing Address:**

2189 NE 180TH LANE  
P.O. BOX 236  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:** 59-1802491      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OSTANIK, SUSAN M  
1751 E. HWY 318  
CITRA, FL 32113      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: D ( ) Delete  
Name: WARD, WILLIAM S  
Address: 5215 E HWY 318  
City-St-Zip: CITRA, FL 32113

Title: PD ( ) Delete  
Name: MCGEE, JOHN S (CHMN),  
Address: 18420 NE 5TH TERR RD  
City-St-Zip: CITRA, FL 32113

Title: D ( ) Delete  
Name: MEDEMA, KAREN E  
Address: 18100 NW 19 COURT  
City-St-Zip: CITRA, FL 32113

Title: STD ( ) Delete  
Name: OSTANIK, SUSAN M  
Address: 1751 E HWY 318  
City-St-Zip: CITRA, FL 32113

Title: D ( ) Delete  
Name: PERRY, CHARLES  
Address: 2310 NE 185 PL  
City-St-Zip: CITRA, FL 32113

Title: D ( ) Delete  
Name: BURLESON, MARGUERITE  
Address: POB 100  
City-St-Zip: CITRA, FL 32113

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

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

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

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

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

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: KAREN MEDEMA

D

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date