

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727386

FILED
Feb 05, 2009
Secretary of State

Entity Name: CITRUS COUNTY ART LEAGUE, INC.

Current Principal Place of Business:

2644 N. ANNAPOLIS AVENUE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

2644 N. ANNAPOLIS AVENUE
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 23-7377991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHESNOVITZ, JOHN
303 W. MASSACHUSETTS ST.
HERNANDO, FL 34442 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: PD () Delete
Name: HARRISON, HOWARD
Address: 571 W. MASSACHUSETTS ST.
City-St-Zip: HERNANDO, FL 34442

Title: TREA () Delete
Name: CHESNOVITZ, JOHN
Address: 303 W.
City-St-Zip: HERNANDO, FL 34442

Title: VP () Delete
Name: HARRIS, MAC
Address: 2795 W. SUNSET DRIVE
City-St-Zip: LECANTO, FL 34461

Title: VP () Delete
Name: GRIFFIS, STACY
Address: 1519 E. BISMARCK ST.
City-St-Zip: HERNANDO, FL 34442

Title: ATRE () Delete
Name: VICARI, BOB
Address: 234 E. EUREKA COURT
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: JOHN CHESNOVITZ

TREA

02/05/2009

Electronic Signature of Signing Officer or Director

Date