

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744056

FILED
Apr 30, 2009
Secretary of State

Entity Name: CITIZENS FOR THE OLD LUTZ SCHOOL BUILDING, INC.

Current Principal Place of Business:

18819 US.S HIGHWAY NO. 41
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

202 W. LUTZ LAKE FERN ROAD
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-2945889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOEDT, PHYLLIS J.
202 W. LUTZ LAKE FERN ROAD
LUTZ, FL 33549 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: HOEDT, WILLIAM
Address: 202 W LUTZ LAKE DERN RD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: HOEDT, PHYLLIS J.
Address: 202 W LUTZ LAKE FERN ROD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: HOEDT, LAWRENCE W R
Address: 1312 151ST AVENUE
City-St-Zip: LUTZ, FL 33549

Title: P () Delete
Name: NEVEL, BEN
Address: 18602 SAN RIO CIRCLE
City-St-Zip: LUTZ, FL

Title: T () Delete
Name: PITTMAN, ELAINE
Address: 105 2ND AVE SE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: NEVEL, BETH
Address: 18602 SAN RIO CIRCLE
City-St-Zip: LUTZ, FL 33549

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
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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: ELAINE A. PITTMAN

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date