

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766808

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: ALTRUSA CLUB OF CITRUS COUNTY, INC.

## Current Principal Place of Business:

P. O. BOX 2825  
INVERNESS, FL 34451 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 2825  
INVERNESS, FL 34451 US

## New Mailing Address:

FEI Number: 59-2353770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIESTLER, LAURIE  
4308 E REDWOOD PLACE  
INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

MERRITT, SARA ANNE  
212 N PINE 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: SARA ANNE MERRITT

02/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: THURMSTON, KATHY  
Address: 6641 S OLD FLORAL CITY ROAD  
City-St-Zip: FLORAL CITY, FL 34436

Title: D ( ) Delete  
Name: MERRITT, SARA  
Address: 1323 W BUCKNELL AVE.  
City-St-Zip: INVERNESS, FL 34450

Title: T ( ) Delete  
Name: SALTMARSH, JANICE  
Address: 5710 E TENISON STREET  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: LAPORTE, SUSAN  
Address: 261 E HARTFORD STREET 5B  
City-St-Zip: HERNANDO, FL 34442

Title: VP ( ) Delete  
Name: ANN KAPINOS, MARY  
Address: 3392 N BOSWELL TERRACE  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete  
Name: VAN DERMARK, JUDITH  
Address: 3300 E LAKE NINA DRIVE  
City-St-Zip: INVERNESS, FL 34453

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: BLACK, ANNE  
Address: 5198 E PARSONS POINT ROAD  
City-St-Zip: HERNANDO, FL 34442

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: SARA ANNE MERRITT

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date