

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768235

FILED
Jan 28, 2008
Secretary of State

Entity Name: CITRUS COUNTY ABUSE SHELTER ASSOCIATION, INCORPORATED

Current Principal Place of Business:

112 N PINE AVE
INVERNESS, FL 34450 US

New Principal Place of Business:

107 DR. MLK JR. AVE
INVERNESS, FL 34450 US

Current Mailing Address:

P. O. BOX 205
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-2335910 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RICHIE, KIM F
3175 E. ROTOR WING PATH
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: D () Delete
Name: LANGLEY, ALIDA
Address: 110 N APOPKA
City-St-Zip: INVERNESS, FL 34450

Title: P () Delete
Name: RICHIE, KIM
Address: 110 N. APOPKA
City-St-Zip: INVERNESS, FL 34450

Title: TD () Delete
Name: DAVIS, CHARLES,
Address: 3075 S FLORIDA AVE
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: TIERNEY, GAIL,
Address: 7292 TURNER CAMP ROAD
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: MAYBERRY, NELL,
Address: 407 B WEST HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: BRENNAN, NEALE,
Address: 1624 N MEADOWCREST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

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: CHARLES DAVIS

MR.

01/28/2008

Electronic Signature of Signing Officer or Director

Date