

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002689

FILED
Jan 12, 2009
Secretary of State

Entity Name: N.A.M.I. CITRUS COUNTY INC.

Current Principal Place of Business:

2575 S ZELLNER DR
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

2575 S ZELLNER DR
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 65-1034169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATTIN, DEBBIE D
2575 S ZELLNER DR
INVERNESS, FL 34450 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: MURPHY, JOAN
Address: 671 CROFT RD.
City-St-Zip: INVERNESS, FL 34452 US

Title: VP () Delete
Name: PUTZBACK, LAURA L
Address: 791 W STAR JASMINE PL
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: GREGORY, MARY
Address: 9 DAHOON CT S
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: LATTIN, DEBBIE D
Address: 2575 S ZELLNER DR
City-St-Zip: INVERNESS, FL 34450

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FINEOUT, DIANNE
Address: 12 62ND ST.
City-St-Zip: YANKEETOWN, FL 34498 US

Title: BD (X) Change () Addition
Name: BOOTH, MARILYN
Address: 2412 S CARNEGIE DR
City-St-Zip: INVERNESS, FL 34450

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

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

Title: BD () Change (X) Addition
Name: MURPHY, JOAN
Address: 671 CROFT RD
City-St-Zip: INVERNESS, FL 34452

Title: BD () Change (X) Addition
Name: MCMURRAY, PATRICIA
Address: C/O PATRICIA HAIR DESIGN 22 N MELBOURNE ST
City-St-Zip: BEVERLY HILLS, FL 34465

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: DEBBIE D. LATTIN

T

01/12/2009

Electronic Signature of Signing Officer or Director

Date