

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004674

FILED
Apr 29, 2009
Secretary of State

Entity Name: GRASS ROOTS CITIZENS WATCHDOG COALITION INCORPORATION

Current Principal Place of Business:

6504 MERIDIAN RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

730 ROLLINS ST.
TALLAHASSEE, FL 32304

Current Mailing Address:

P.O.BOX 1801
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 02-0686199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUTZ, WILLIAM
6504 MERIDIAN RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ROLLINS, BARBARA
730 ROLLINS ST.
TALLAHASSEE, FL 32304 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: BARBARA ROLLINS

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOUTZ, WILLIAM
Address: 6504 MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: ROLLINS, BARBARA M
Address: PO BOX 1801
City-St-Zip: TALLAHASSEE, FL 32302

Title: S () Delete
Name: ROLLINS, MARY D
Address: P.BOX 1801
City-St-Zip: TALLAHASSEE, FL 32302

Title: PD (X) Delete
Name: ROLLINS, THOMAS
Address: P.BOX 1801
City-St-Zip: TALLAHASSEE, FL 32302

Title: VD () Delete
Name: MASON, PATRICK
Address: P.BOX 1801
City-St-Zip: TALLAHASSEE, FL 32302

Title: S () Delete
Name: SPENCER, MARIE
Address: P.BOX 1801
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROLLINS, THOMAS
Address: 730 ROLLINS ST.
City-St-Zip: TALLAHASSEE, FL 32304

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: VD (X) Change () Addition
Name: CORING, WARNELL
Address: P.BOX 1801
City-St-Zip: TALLAHASSEE, FL 32302

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: BARBARA ROLLINS

VD

04/29/2009

Electronic Signature of Signing Officer or Director

Date