

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005066

FILED
Apr 18, 2006
Secretary of State

Entity Name: CITRUS ROADRUNNERS, INC.

Current Principal Place of Business:

PO BOX 94
INVERNESS, FL 34451 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 94
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-3578215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLING, CHRISTOPHER M
520 HICKORY RD
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: D () Delete
Name: DOREY, PAUL
Address: 7192 N DELTONA BLVD
City-St-Zip: DUNNELLON, FL 34434

Title: T () Delete
Name: ROGERS, SHIVELLA
Address: 8801 E WIND CT
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: MATTHEWS, LARRY
Address: 8015 N TOWER WAY
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: P () Delete
Name: MOLING, CHRISTOPHER M
Address: P.O. BOX 177
City-St-Zip: INVERNESS, FL 34451

Title: V () Delete
Name: SEIDMAN, KARL
Address: 359 N GOLF HARBOR PATH
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: JOINER, COLON D
Address: 3207 SE 23 AVE
City-St-Zip: OCALA, FL 34471

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: PS (X) Change () Addition
Name: MOLING, CHRISTOPHER M
Address: P.O. BOX 177
City-St-Zip: INVERNESS, FL 34451

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 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: CHRISTOPHER M. MOLING

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date