

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005066

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** CITRUS ROADRUNNERS, INC.

**Current Principal Place of Business:**

5121 E TANGELO LN  
INVERNESS, FL 34453 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  
Name: DOREY, PAUL  
Address: 7192 N DELTONA BLVD  
City-St-Zip: DUNNELLON, FL 34434

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER MOLING

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date