

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 18, 2009
Secretary of State**

DOCUMENT# N04000001041

Entity Name: HUNGER AND HOMELESS COALITION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

5546 S TENA PT
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 447
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 36-4557335 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DARLING, E. JANE
1230 N. PROSPECT AVE.
LECANTO, FL 34461 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: P () Delete
Name: YOUNG, JOHN E
Address: 5546 S TENA PT
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: DARLING, E. JANE
Address: 1230 N. PROSPECT AVE.
City-St-Zip: LECANTO, FL 34461

Title: P () Delete
Name: REUMAN, EUGENE F
Address: 2915 W HENLEY LN
City-St-Zip: DUNNELLON, FL 34433

Title: S () Delete
Name: ALLEN, CATHERINE
Address: 1259 S. ELMWOOD APT. 3
City-St-Zip: INVERNESS, FL 54450

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:

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: E. JANE DARLING

T

05/18/2009

Electronic Signature of Signing Officer or Director

_____ Date