

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002059

FILED
May 05, 2009
Secretary of State

Entity Name: CITIZENS COALITION OF LAKE COUNTY, INC.

Current Principal Place of Business:

7433 PINE ISLAND RD.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

7433 PINE ISLAND RD.
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-0755858 **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:

KELLY, ROBERT
7433 PINE ISLAND ROAD
CLERMONT, FL 34711 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: PC () Delete
Name: KELLY, ROBERT
Address: 7433 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: MEADOWS, MINDY
Address: 12717 MONTEVISTA ROAD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: FULLERTON, NANCY
Address: POST OFFICE BOX 120001
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BERK, STEVE
Address: 8544 BAILEY DRIVE
City-St-Zip: CLERMONT, FL 34711

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: ROBERT KELLY

PC

05/05/2009

Electronic Signature of Signing Officer or Director

Date