2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N04000002619

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

2804 W. MARC KNIGHTON ROAD
ATTN: J. J. KENNEY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1281
CRYSTAL RIVER, FL 344231281

New Mailing Address:

FEI Number: 06-1720733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOYD, RICHARD
1003 TULANE TERRACE
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: P ( ) Delete
Name: RAY, MICHAEL
Address: 8001 E. HAKYON ISLE CT
City-St-Zip: INVERNESS, FL 34450

Title: T ( ) Delete
Name: GUDIS, MICHAEL L
Address: 253 NW BAY PATH DR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP (X) Delete
Name: DANIELS, FRID
Address: 10155 E DOLLAKOSA CT
City-St-Zip: FLORAL CITY, FL 34436

Title: S ( ) Delete
Name: FLOYD, RICHARD
Address: 1003 TULANE TERR
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DANIELS, FRED
Address: 10155 E DOLLAROSA CT
City-St-Zip: FLORAL CITY, FL 34436

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: MICHAEL L. GUDIS TR 03/26/2009

Electronic Signature of Signing Officer or Director — Date