

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90231 039 ****70.00

DOCUMENT # N04000005625					
1. Entity Name CITIZENS ACADEMY GRADUATES, INC.					
Principal Place of Business 596 N. NOVA ROAD APT. 303 ORMOND BEACH, FL 32174			Mailing Address P.O. BOX 3347 DELAND, FL 32721		
2. Principal Place of Business 305 TIMBERLINE TRAIL			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ORMOND BEACH FL			City & State		
Zip 32174		Country		Country	
6. Name and Address of Current Registered Agent EVANS, DAVID W III 596 N. NOVA ROAD APT. 303 ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name: DAVID W. EVANS III Street Address (P.O. Box Number is Not Acceptable): 305 TIMBERLINE TRAIL City: ORMOND BEACH FL Zip Code: 32174	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DAVID W. EVANS III 4-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTO, MICHAEL J <input type="checkbox"/> Delete 937 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1270 SHADY OAK LANE DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILES, ART <input type="checkbox"/> Delete 957 DUNCAN RD. SOUTH DAYTONA, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENZIE, BARBARA ANN <input type="checkbox"/> Delete 5784 FALLING TREE LANE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALLERAN, JAMES <input type="checkbox"/> Delete 802 STERLING CHASE DR. PORT ORANGE, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLIAN, CONNIE <input type="checkbox"/> Delete 536 WHITE ST. DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: MICHAEL J COTO, PRESIDENT			4-19-05 3865471088		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		