
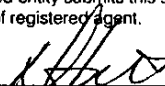
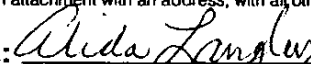


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90010 020 \*\*\*\*61.25

<b>DOCUMENT # N04000005929</b> 1. Entity Name <b>DRUG COALITION OF CITRUS COUNTY, INC.</b>					
Principal Place of Business <b>110 N. APOPKA AVE.</b> <b>INVERNESS, FL 34450 US</b>			Mailing Address <b>110 N. APOPKA AVE.</b> <b>INVERNESS, FL 34450 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1 Dr. Martin Luther King Jr. Ave</b>		3. Mailing Address <b>1 Dr. Martin Luther King Jr. Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Inverness FL</b>		City & State <b>Inverness FL</b>		4. FEI Number <b>43-2055798</b>	
Zip <b>34450</b>		Country <b>Citrus</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAMATO, DANIELLE</b> <b>110 N. APOPKA AVE.</b> <b>INVERNESS, FL 34450</b>				7. Name and Address of New Registered Agent Name <b>Deborah Scott</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Dr. Martin Luther King Jr. Ave</b> City <b>Inverness FL</b> Zip Code <b>34450</b>	
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  <span style="float: right;">1/24/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CUBBISON, MARY LEE</b> <b>P.O. BOX 131</b> <b>LECANTO, FL 34460</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chair</b> <b>Alida Langley</b> <b>110 N. Apopka Ave</b> <b>Inverness FL 34450</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>WOESSNER, PATRICIA</b> <b>2575 S. PANTHER PRIDE DR.</b> <b>LECANTO, FL 34461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice chair</b> <b>Regina Allegretta</b> <b>2575 S. Panther Pride Dr</b> <b>LECANTO FL 34461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FINEOUT, DIANNE</b> <b>110 N. APOPKA AVE.</b> <b>INVERNESS, FL 34450</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Sean Glancy</b> <b>110 N. Apopka Ave.</b> <b>Inverness FL 34450</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PURINTON, KEVIN</b> <b>1 DR. MARTIN LUTHER KING, JR. AVE.</b> <b>INVERNESS, FL 34450</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Mary Lee Cubbison</b> <b>PO Box 131</b> <b>LECANTO, FL 34460</b>	<input checked="" 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
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 exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>Alida Langley</b>			Date <b>1/25/08</b> Daytime Phone # <b>352-212-4889</b>		