

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005929

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** PARTNERS FOR A SUBSTANCE-FREE CITRUS, INC.

**Current Principal Place of Business:**

1 DR. MARTIN LUTHER KING JR AVENUE  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 DR. MARTIN LUTHER KING JR AVENUE  
INVERNESS, FL 34450 US

**New Mailing Address:**

P.O. BOX 443  
INVERNESS, FL 34451 US

**FEI Number:** 43-2055798 **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:**

SCOTT, DEBORAH  
1 DR. MARTIN LUTHER KING JR AVENUE  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

SCOTT, DEBORAH  
1 DR. MARTIN LUTHER KING JR AVENUE  
INVERNESS, FL 34450 US

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: DEBORAH SCOTT

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: LANGLEY, ALIDA  
Address: 110 N APOPKA AVE  
City-St-Zip: INVERNESS, FL 34450 US

Title: VC ( ) Delete  
Name: ALLEGRETTO, REGINA  
Address: 2575 S. PANTHER PRIDE DR.  
City-St-Zip: LECANTO, FL 34461 US

Title: S ( ) Delete  
Name: GLOVEY, SEAN  
Address: 110 N. APOPKA AVE.  
City-St-Zip: INVERNESS, FL 34450 US

Title: T ( ) Delete  
Name: CUBBISM, MARY LEE  
Address: PO BOX 131  
City-St-Zip: LECANTO, FL 34460 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: ALLEGRETTO, REGINA  
Address: 2575 S. PANTHER PRIDE DR.  
City-St-Zip: LECANTO, FL 34461 US

Title: S (X) Change ( ) Addition  
Name: DAVID, AILEEN  
Address: P.O. BOX 443  
City-St-Zip: INVERNESS, FL 34451 US

Title: T (X) Change ( ) Addition  
Name: CUBBISON, MARY LEE  
Address: PO BOX 131  
City-St-Zip: LECANTO, FL 34460 US

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: DEBORAH SCOTT

ED

05/01/2009

Electronic Signature of Signing Officer or Director

Date