

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006005

FILED
Mar 21, 2009
Secretary of State

Entity Name: CITRUS COUNTY VETERANS FOUNDATION, INC.

Current Principal Place of Business:

2804 W MARK KNIGHTON CT
SUITE B 140
LECANTO, FL 344618334 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2065
LECANTO, FL 344602065 US

New Mailing Address:

FEI Number: 65-1232139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, CARLTON J
670 W. PEARSON ST.
HERNANDO, FL 34442 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: PD () Delete
Name: MCLEOD, CARLTON J
Address: 670 W PEARSON STREET
City-St-Zip: HERNANDO, FL 34442 US

Title: VD () Delete
Name: EBITZ, CURTIS V
Address: 89 DOUGLAS STREET
City-St-Zip: HOMOSASSA, FL 34446 US

Title: SD () Delete
Name: RICHIE-MELVAN, SHARON I
Address: 13 N ARCHWOOD DRIVE
City-St-Zip: INVERNESS, FL 34450 US

Title: TD () Delete
Name: TRUAX, ROBERT
Address: 801 N. BERLIN POINT
City-St-Zip: INVERNESS, FL 34453 US

Title: D () Delete
Name: KENNEY, J.J.
Address: 17 GLOXINIAS COURT
City-St-Zip: HERNANDO, FL 34446 US

Title: D () Delete
Name: PHILLIPS, VICKI
Address: 1100 N OTTAWA AVENUE
City-St-Zip: LECANTON, FL 34461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: RICHIE-MELVAN, SHARON I DR.
Address: 13 N ARCHWOOD DRIVE
City-St-Zip: INVERNESS, FL 34450 US

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: SHARON I. RICHIE-MELVAN

SD

03/21/2009

Electronic Signature of Signing Officer or Director

Date