


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001024 1. Entity Name CITIZENS ACADEMY ALUMNI ASSOCIATION, INC	
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Principal Place of Business 721 NW 6TH STREET GAINESVILLE, FL 32601	Mailing Address PO BOX 140803 GAINESVILLE, FL 32614-0803
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 33-1105615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, LARRY T
4413 NW 51 DR
GAINESVILLE, FL 32606

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000841932 03/11/08-80007-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, EARTHER 1209 SE 19 TERR GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAEMER, JUDY 1809 SE 10TH TERR GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTOPHERSON, MARY 3221 NW 14TH ST GAINESVILLE, FL 326052505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBRIGHT, JAMES 2708 NW 48TH TERR GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR ALBRIGHT, JAMES 2708 NW 48 TERR GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: James Albright James Albright 2/20/08 352 334-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #