2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N05000001024

Entity Name: CITIZENS ACADEMY ALUMNI ASSOCIATION, INC

Current Principal Place of Business:

721 NW 6TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 140803
GAINESVILLE, FL 326140803

New Mailing Address:

FEI Number: 33-1105615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIS, LARRY T
4413 NW 51 DR
GAINESVILLE, FL 32606 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: P ( ) Delete
Name: WRIGHT, EARTHER
Address: 1209 SE 19 TERR
City-St-Zip: GAINESVILLE, FL 32641

Title: V ( ) Delete
Name: DAEMER, JUDY
Address: 1809 SE 10TH TERR
City-St-Zip: GAINESVILLE, FL 32641

Title: S ( ) Delete
Name: CHRISTOPHERSON, MARY
Address: 3221 NW 14TH ST
City-St-Zip: GAINESVILLE, FL 326052505

Title: T ( ) Delete
Name: ALBRIGHT, JAMES
Address: 2708 NW 48TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: CR ( ) Delete
Name: ALBRIGHT, JAMES
Address: 2708 NW 48 TERR
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAMES ALBRIGHT T 03/18/2009
Electronic Signature of Signing Officer or Director — Date