2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N05000008044

Entity Name: EDGEWATER CITIZEN'S ALLIANCE FOR RESPONSIBLE DEVELOPMENT, INC.

Current Principal Place of Business:

465 WILDWOOD DR.
NEW SMYMA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 131
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 65-1257025 **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:

HERRIN, BARBARA
465 WILDWOOD DR.
NEW SMYRNA BCH, FL 32168 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: CARLSON, DOROTHY I
Address: 624 ART CENTER AVE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VP ( ) Delete
Name: LOVE, SHARON MS.
Address: 124 EVERGREEN AVE.
City-St-Zip: EDGEWATER, FL 32132

Title: S/T ( ) Delete
Name: GIBBONS, FLORENCE M MRS.
Address: 1715 KUMQUAT DR.
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: HERRIN, BARBARA J
Address: 465 WILDWOOD DR.
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VP (X) Change ( ) Addition
Name: BURGESS, RICHARD A
Address: 405 W. OCEAN AVE
City-St-Zip: EDGEWATER, FL 32132

Title: S (X) Change ( ) Addition
Name: BARTHOLOMEW, CHRISTY
Address: 405 W. OCEAN AVE
City-St-Zip: EDGEWATER, FL 32132

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: BARBARA J HERRIN P 05/01/2009

Electronic Signature of Signing Officer or Director — Date