

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011363

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: CITIZEN'S COALITION OF SOUTH MAINLAND, INC.

**Current Principal Place of Business:**

9851 RIVERVIEW DR  
MICCO, FL 32976

**New Principal Place of Business:**

**Current Mailing Address:**

9851 RIVERVIEW DR  
MICCO, FL 32976

**New Mailing Address:**

FEI Number: 02-0753449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BENOIT, VICKI  
9851 RIVERVIEW DR  
MICCO, FL 32976      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: BENOIT, VICKI  
Address: 9851 RIVERVIEW DR  
City-St-Zip: MICCO, FL 32976

Title: VP ( ) Delete  
Name: KULGAR, LISETTE  
Address: 5180 RED BAY LANE  
City-St-Zip: GRANT, FL 32949

Title: T ( ) Delete  
Name: WOODS, CHELLE  
Address: 9912 RIVERVIEW DR  
City-St-Zip: MICCO, FL 32976

Title: ST ( ) Delete  
Name: WOODS, CHELLE  
Address: 9912 RIVERVIEW DR  
City-St-Zip: MICCO, FL 32976

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

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

Title: VP (X) Change ( ) Addition  
Name: KOLAR, LISETTE  
Address: 5180 RED BAY LANE  
City-St-Zip: GRANT, FL 32949

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: CHELLE WOODS

ST

03/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date