2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05482

Entity Name: CITIZENS FOR ORMOND BEACH, INC.

Current Principal Place of Business:

55 E GRANADA BLVD
P.O.BOX 31
ORMOND BEACH, FL 32175

New Principal Place of Business:

55 E GRANADA BLVD
ORMOND BEACH, FL 32175

Current Mailing Address:

55 E GRANADA BLVD
P.O.BOX 31
ORMOND BEACH, FL 32175

New Mailing Address:

55 E GRANADA BLVD
ORMOND BEACH, FL 32175

FEI Number: 59-2432976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DALY, BRIAN
156 MAGNOLIA DR
ORMOND BEACH, FL 32176 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: DALY, BRIAN
Address: 156 MAGNOLIA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPD ( ) Delete
Name: NAVE, BRIAN
Address: 414 MAIN TRL
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete
Name: PRESS, RITA
Address: 875 WILMETTE AVE APT 714
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete
Name: TURNER, GINNY
Address: 1541 HARMONY AVE
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: RITA PRESS T 03/23/2009

Electronic Signature of Signing Officer or Director — Date