

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003516

FILED
Apr 27, 2009
Secretary of State

Entity Name: CITRUS ORGANIZATION FOR THE GIFTED CORP

Current Principal Place of Business:

852 US HIGHWAY 41 SOUTH
INVERNESS, FL 34450 US

New Principal Place of Business:

1617 OLD FLORAL CITY RD
INVERNESS, FL 34450 US

Current Mailing Address:

852 US HIGHWAY 41 SOUTH
INVERNESS, FL 34450 US

New Mailing Address:

PO BOX 151
INVERNESS, FL 34451

FEI Number: 86-1163316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUTUMN JOHNSTON CPA PA
852 US HIGHWAY 41 SOUTH
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

AUTUMN JOHNSTON CPA PA
1617 OLD FLORAL CITY RD
INVERNESS, FL 34450 US

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: AUTUMN JOHNSTON

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: JOHNSTON, AUTUMN
Address: 852 US HIGHWAY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450 US

Title: DIR (X) Delete
Name: CARRELLA, MEGAN
Address: 852 US HIGHWAY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450 US

Title: DIR () Delete
Name: MACAISA, JOY
Address: 852 US HIGHWAY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450 US

Title: DIR () Delete
Name: SACHEWICZ, CORRINE
Address: 852 US HIGHWAY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450 US

Title: DIR (X) Delete
Name: ALLEN, KAREN
Address: 852 US HIGHWAY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450 US

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: AUTUMN JOHNSTON

DIR

04/27/2009

Electronic Signature of Signing Officer or Director

Date