

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000007693

FILED
Oct 01, 2007
Secretary of State

Entity Name: COMMUNITY ACTION FOUNDATION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

319 NE 13TH TERRACE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

PO BOX 551
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 20-5237935 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:

Name and Address of New Registered Agent:

MCCRAY-HOLLY, ANDREA K
319 NE 13TH TERRACE
CRYSTAL RIVER, FL 34423 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: ANDREA K MCCRAY-HOLLY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: MCCRAY-HOLLY, ANDREA K
Address: PO BOX 551
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: MR. () Change (X) Addition
Name: WILSON, GREG
Address: 1415 NE 15TH AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

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: ANDREA K. MCCRAY-HOLLY

MS.

10/01/2007

Electronic Signature of Signing Officer or Director

Date