

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007693

FILED
Mar 30, 2010
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:

521 WEST FT. ISLAND TRAIL
SUITE B
CRYSTAL RIVER, FL 34429

Current Mailing Address:

PO BOX 551
CRYSTAL RIVER, FL 34423

New Mailing Address:

521 WEST FT. ISLAND TRAIL
SUITE B
CRYSTAL RIVER, FL 34429

FEI Number: 20-5237935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCCRAY, ANDREA K
521 B WEST FT. ISLAND TRAIL
SUITE B
CRYSTAL RIVER, FL 34429 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

03/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS.
Name: MCCRAY, ANDREA K
Address: 521 B WEST FT. ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MR.
Name: WILSON, GREG
Address: 521 B WEST FT. ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MS.
Name: GASKIN, KATRYNA
Address: 521 B WEST FT. ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MS.
Name: DUNSTON, LAURIE N
Address: 521 B WEST FT. ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby 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 all other like empowered.

SIGNATURE: ANDREA K. MCCRAY

MS.

03/30/2010

Electronic Signature of Signing Officer or Director

Date