2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06000009174

Entity Name: CITIZENS SPEAKING OUT COMMITTEE, INC.

Current Principal Place of Business:

9485 NW 23RD PLACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

9485 NW 23RD PLACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-5463167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DPTC ( ) Delete
Name: JONES, WILLIAM S
Address: 9485 NW 23RD PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: DS ( ) Delete
Name: BAINTER, PATRICK
Address: 6211 NW 132ND STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete
Name: FLETCHER, COTTON
Address: 1223 NW 114TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: FLETCHER, GLORIA
Address: 1223 NW 114TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

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: WILLIAM S. JONES MR. 04/14/2009

Electronic Signature of Signing Officer or Director — Date