2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N07000000156

Entity Name: OSTOMY SUPPORT GROUP OF CITRUS COUNTY, INC.

Current Principal Place of Business:

1648 E. SAINT JAMES LOOP
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 78
LECANTO, FL 344600078

New Mailing Address:

FEI Number: 51-0648240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YETNER, FRANK A
1648 E. SAINT JAMES LOOP
INVERNESS, FL 34453 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: P ( ) Delete
Name: YETNER, FRANK A
Address: 1648 E. SAINT JAMES LOOP
City-St-Zip: INVERNESS, FL 34453

Title: VP ( ) Delete
Name: SHIPLEY, MELVIN L
Address: 8349 TURNER CAMP ROAD
City-St-Zip: INVERNESS, FL 344531170

Title: T ( ) Delete
Name: BRUMMER, GERALD K
Address: 34 GRASS STREET
City-St-Zip: HOMOSASSA, FL 344466115

Title: SEC ( ) Delete
Name: WILYOUNG, EDWINA
Address: 5855 S. CHEROKEE TERRACE
City-St-Zip: INVERNESS, FL 344528626

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: FRANK A. YETNER PRES 02/14/2009

Electronic Signature of Signing Officer or Director — Date