

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000156

FILED  
Mar 21, 2011  
Secretary of State

**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:**

20944SW 36ST.  
DUNNELLON, FL 34431 US

**Current Mailing Address:**

P.O. BOX 78  
LECANTO, FL 344600078

**New Mailing Address:**

20944SW36ST.  
DUNNELLON, FL 34431 US

**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:**

SPIELMAN, STEVEN  
20944 SW36 STREET  
DUNNELLON, FL 34431 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: STEVEN SPIELMAN

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SPIELMAN, STEVEN  
Address: 20944 SW36ST.  
City-St-Zip: DUNNELLON, FL 34431 US

Title: VP  
Name: PENNER, SUE  
Address: 8231 E.. SUNRAY LANE  
City-St-Zip: INVERNESS, FL 344531170 US

Title: TREA  
Name: BRUMMER, GERALD K  
Address: 34 GRASS STREET  
City-St-Zip: HOMOSASSA, FL 344466115 US

Title: SEC  
Name: WILYOUNG, EDWINA  
Address: 5855 S. CHEROKEE TERRACE  
City-St-Zip: INVERNESS, FL 34452 US

Title: SEC  
Name: BORLAND, SUE  
Address: 8500 E KEATING PARK ST LOT C-4  
City-St-Zip: FLORAL CITY, FL 34436 US

Title: DIRE  
Name: BRUMMER, SHARON  
Address: 34 GRASS ST.  
City-St-Zip: HOMOSASSA, FL 34446

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: STEVEN SPIELMAN

PRES

03/21/2011

Electronic Signature of Signing Officer or Director

Date