2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000156

FILED Mar 16, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

20944SW 36ST.

DUNNELLON, FL 34431 US

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: 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, SALLY

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 03/16/2012