



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90067 002 \*\*\*\*89.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N07000001248</b>   |   |   |   |    |  |
| <b>1. Entity Name</b><br>CITIZENS ON THE MOVE, INC.  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>2731 E MAIN STREET<br>MIMS, FL 32754   |   |   | <b>Mailing Address</b><br>2731 E MAIN STREET<br>MIMS, FL 32754  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>2731 E. Main Street<br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>2731 E. Main Street<br>Suite, Apt. #, etc.                   |   |   |  |
| <b>City &amp; State</b><br>Mims, Florida<br>Zip: 32754 Country: USA  |   | <b>City &amp; State</b><br>Mims, Florida<br>Zip: 32754 Country: United States of Amer     |   | <b>4. FEI Number</b> _____ <b>Applied For</b><br><input checked="" type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |   | <b>01032008 Chg-NP CR2E037 (12/06)</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BLAUE, SCOTT A<br>MCQUAGGE & BLAUE PA<br>96 WILLARD STREET SUITE 106<br>COCOA, FL 32922  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> |   |   |   |   |  |
| <b>SIGNATURE</b> <i>Norma Jean Lumpkin</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                              |   |   |   | <b>DATE</b> <i>1-4-08</i>   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br>LUMPKIN, NORMA J <input type="checkbox"/> Delete<br>2731 E MAIN STREET<br>MIMS, FL 32754             |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD</b><br>LOCKHART, VANESSA <input checked="" type="checkbox"/> Delete<br>2731 E MAIN STREET<br>MIMS, FL 32754 |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Veronica M. Skanes <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2731 E Main St<br>Mims FL 32754 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TD</b><br>BRYANT, BETTY <input type="checkbox"/> Delete<br>2731 E MAIN STREET<br>MIMS, FL 32754                |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *Norma Jean Lumpkin - 1-4-08*