

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003202

FILED
Apr 28, 2009
Secretary of State

Entity Name: CITRUS INFORMATION TECHNOLOGY ALLIANCE, INC.

Current Principal Place of Business:

2656 W. SUNRISE ST.
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 816
LECANTO, FL 34460 US

New Mailing Address:

FEI Number: 20-8845387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELL, TERESA M
2656 W. SUNRISE ST.
LECANTO, FL 34461 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: PTD () Delete
Name: BELL, TERESA
Address: 2656 W. SUNRISE ST.
City-St-Zip: LECANTO, FL 34461

Title: SD () Delete
Name: GREEN, MARNIE
Address: 6459 W. NORVELL BRYANT HWY
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VD () Delete
Name: NELSON, STEPHEN
Address: 2940 S. CYGNET TERRACE
City-St-Zip: INVERNESS, FL 34450

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:

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: TERESA M. BELL

DIR

04/28/2009

Electronic Signature of Signing Officer or Director

Date