2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# N07000005959

Entity Name: RURAL LITHIA AREA NEIGHBORHOOD DEFENSE, INC.

Current Principal Place of Business:

1621 THOMPSON RD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330
LITHIA, FL 335470330

New Mailing Address:

FEI Number: 65-1319040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRYSNER, PAMELA
18335 LITHIA TOWNE ROAD
LITHIA, FL 33547 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: CLOUSTON, PAMELA M
Address: 1621 THOMPSON RD
City-St-Zip: LITHIA, FL 33547

Title: VP ( ) Delete
Name: CORNELIUS, KELLY
Address: 18732 DORMAN ROAD
City-St-Zip: LITHIA, FL 33547

Title: S ( ) Delete
Name: GOODRUM, VANESSA
Address: 1517 UNCLE BUDS LANE
City-St-Zip: LITHIA, FL 33547

Title: T ( ) Delete
Name: SCOTT, GAIL
Address: 18935 DORMAN ROAD
City-St-Zip: LITHIA, FL 33547

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: GAIL H SCOTT T 07/14/2009

Electronic Signature of Signing Officer or Director — Date