2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# N07000010797

Entity Name: CRIME STOPPERS OF CITRUS COUNTY, FLORIDA, INCORPORATED

Current Principal Place of Business:

1 DR. MARTIN LUTHER KING JR. AVE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

1 DR. MARTIN LUTHER KING JR. AVE
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 26-1214225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARD WM. WESCH
1 DR. MARTIN LUTHER KING JR. AVE
INVERNESS, FL 34450 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: DP ( ) Delete
Name: BLUME, ROBERT L JR.
Address: 1 DR. MARTIN LUTHER KING JR. AVE
City-St-Zip: INVERNESS, FL 34450

Title: DT ( ) Delete
Name: PLEVELL, JOHN
Address: 1 DR. MARTIN LUTHER KING JR. AVE
City-St-Zip: INVERNESS, FL 34450

Title: DS ( ) Delete
Name: EVAN, CHRISTOPHER
Address: 1 DR. MARTIN LUTHER KING JR. AVE
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: DILLION, RONALD D SR.
Address: P.O. BOX 2497
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: DVP (X) Change ( ) Addition
Name: WEBB, WINN N
Address: 558 N. MORRIS AVE.
City-St-Zip: INVERNESS, FL 34452

Title: DS (X) Change ( ) Addition
Name: DIAZ-FONSECA, SOPHIA M
Address: 920 TURNER CAMP RD.
City-St-Zip: INVERNESS, FL 34453

Title: DT ( ) Change (X) Addition
Name: MARTIN, MARY L
Address: 251 W. HOMEWAY LP.
City-St-Zip: CITRUS SPRINGS, FL 34434

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: MARY L. MARTIN TRES 03/14/2009

Electronic Signature of Signing Officer or Director — Date