

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011217

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** N.O.E.L. PROVIDERS OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

125 TALMADGE AVENUE  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

125 TALMADGE AVENUE  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 26-1648549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EADLER, CHARLOTTE  
125 TALMADGE AVENUE  
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:** S/D  
**Name:** EADLER, CHARLOTTE  
**Address:** 125 TALMADGE AVENUE  
**City-St-Zip:** INVERNESS, FL 34450

**Title:** T/D  
**Name:** WALLER, DEBRA  
**Address:** 5640 SOUTH FLORIDA AVENUE  
**City-St-Zip:** FLORAL CITY, FL 34436

**Title:** P/D  
**Name:** GEIB, JOSEPHINE  
**Address:** 639 NORTHEAST 1ST STREET  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

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:** DEBRA WALLER

T/D

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date