

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011217

FILED  
Apr 05, 2011  
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:**

5640 S FLORIDA AVE  
FLORAL CITY, FL 34436

**Current Mailing Address:**

125 TALMADGE AVENUE  
INVERNESS, FL 34450

**New Mailing Address:**

PO BOX 982  
FLORAL CITY, FL 34436

**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:**

WALLER, DEBRA  
5640 S FLORIDA AVE  
FLORAL CITY, FL 34436 US

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: DEBRA WALLER

04/05/2011

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

TREA

04/05/2011

Electronic Signature of Signing Officer or Director

Date