

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000836

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** CITRUS COUNTY MINING ASSOCIATION, INC.

**Current Principal Place of Business:**

213 COURTHOUSE SQUARE  
INVERNESS, FL 344504840

**New Principal Place of Business:**

**Current Mailing Address:**

213 COURTHOUSE SQUARE  
INVERNESS, FL 344504840

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

NEAL, JAMES A JR  
213 COURTHOUSE SQUARE  
INVERNESS, FL 344504840 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: PCOB ( ) Delete  
Name: BRYANT, TRACY  
Address: 213 COURTHOUSE SQUARE  
City-St-Zip: INVERNESS, FL 344504840

Title: D ( ) Delete  
Name: HOLLINS, DIXIE  
Address: 213 COURTHOUSE SQUARE  
City-St-Zip: INVERNESS, FL 344504840

Title: D ( ) Delete  
Name: COLITZ, FRANK  
Address: 213 COURTHOUSE SQUARE  
City-St-Zip: INVERNESS, FL 344504840

Title: S ( ) Delete  
Name: MOUNCEY, MATT  
Address: 213 COURTHOUSE SQUARE  
City-St-Zip: INVERNESS, FL 344504840

**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: TRACY BRYANT

P

01/07/2009

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

\_\_\_\_\_  
Date