2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N08000004658

Entity Name: CITIZENS ALLIANCE OF GOULDS INC.

Current Principal Place of Business:

11261 SW 220 STREET
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

11261 SW 220 STREET
GOULDS, FL 33170

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASHINGTON, RUTH
22200 S.W. 112 AVENUE
GOULDS, FL 33170 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: D ( ) Delete
Name: WASHINGTON, CELESTE
Address: 11261 SW 220 STREET
City-St-Zip: GOULDS, FL 33170

Title: VD ( ) Delete
Name: WASHINGTON, CARSWELL
Address: 11261 SW 220 STREET
City-St-Zip: GOULDS, FL 33170

Title: VD ( ) Delete
Name: FLOYD, LANA
Address: 21785 SW 111 AVENUE
City-St-Zip: GOULDS, FL 33170

Title: T ( ) Delete
Name: WASHINGTON, KORY
Address: 11261 SW 220 STREET
City-St-Zip: GOULDS, FL 33170

Title: S ( ) Delete
Name: GIBSON, TELEISHA
Address: 22200 SW 112 AVENUE
City-St-Zip: GOULDS, FL 33170

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:

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: CELESTE WASHINGTON PRES 02/21/2009
Electronic Signature of Signing Officer or Director — Date