

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005495

FILED
Apr 17, 2009
Secretary of State

Entity Name: 210 CITIZENS ALLIANCE, INC.

Current Principal Place of Business:

4376 COMANCHE TRAIL
SAINT JOHNS, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

4376 COMANCHE TRAIL
SAINT JOHNS, FL 32259 US

New Mailing Address:

2220 CR 210 W
STE 108, BOX 127
SAINT JOHNS, FL 32259 US

FEI Number: 04-3792300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLSUP, KIM
4376 COMANCHE TRAIL BLVD.
SAINT JOHNS, FL 32259 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: PRES () Delete
Name: ALLSUP, KIM
Address: 4376 COMANCHE TRAIL
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: VP () Delete
Name: CLOSE, GLENN
Address: 1339 IVYHEDGE AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: TREA () Delete
Name: NEWMAN, MATTHEW
Address: 1220 WOODCHURCH LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: SECR () Delete
Name: EVANS, KARLA
Address: 5504 BEAR CLAW COURT
City-St-Zip: SAINT JOHNS, FL 32259 US

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

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

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: D () Change (X) Addition
Name: FAVALE, BARBARA
Address: 1415 CRESTED HERON DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Change (X) Addition
Name: MCGILLIN, HOWARD O JR
Address: 1734 HIGHLAND VIEW DR
City-St-Zip: ST AUGUSTINE, FL 32092

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: KIM ALLSUP

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date