

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009463

FILED
Jun 30, 2009
Secretary of State

Entity Name: ST. CLOUD CITIZENS FOUNDATION, INC.

Current Principal Place of Business:

1300 NINTH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1300 NINTH STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 27-0173981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MANTZARIS, DANIEL F ESQ.
332 N. MAGNOLIA AVENUE
ORLANDO, FL 32801 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HART, DONNA
Address: 1300 NINTH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: BENNETT, JUDY
Address: 1300 NINTH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: TURNER, MICHAEL
Address: 1300 NINTH STREET
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROPHY, SCOTT
Address: 1300 NINTH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: D (X) Change () Addition
Name: TURNER, MICHAEL M
Address: 1300 NINTH STREET
City-St-Zip: ST. CLOUD, FL 34769

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: MICHAEL M. TURNER

D

06/30/2009

Electronic Signature of Signing Officer or Director

Date