2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N11053

1. Entity Name
CITRUS SPRINGS SURVEILLANCE UNIT, INC.

Principal Place of Business	Mailing Address
11972 N BLUFF COVE PATH DUNNELLON, FL 34434	11972 N BLUFF COVE PATH DUNNELLON, FL 34434

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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2613645
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAXAM, TOMIE S
11972 N BLUFF COVE PATH
DUNNELLON, FL 34434

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000589799
01/18/07-80031-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	ANDERSON, LOUIS B
STREET ADDRESS	1688 W ELDER LN
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434
TITLE	VPVC
NAME	MARTIN, MARY L
STREET ADDRESS	251 W. HOMEWAY LOOP
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434
TITLE	TD
NAME	MAXAM, TOMIE S
STREET ADDRESS	11972 N BLUFF COVE PATH
CITY-ST-ZIP	DUNNELLON, FL 34434
TITLE	SD
NAME	KOPPER, ELIZABETH
STREET ADDRESS	8985 N JEANN DR
CITY-ST-ZIP	CIRTUS SPRINGS, FL 34434
TITLE	C
NAME	TEPE, CHARLES
STREET ADDRESS	1495 W COUNTRY CLUB DRIVE
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tomie Sue Maxam 1-10-2007 352-465-7448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOMIE Sue MAXAM