

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N16521

Entity Name: CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP QUARTET SINGING IN AMERICA, INC.

Current Principal Place of Business:

15 MATRICARIA CT
HOMOSASSA, FL 344465903 US

New Principal Place of Business:

Current Mailing Address:

15 MATRICARIA CT
HOMOSASSA, FL 344465903 US

New Mailing Address:

FEI Number: 59-2720565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCE, ROBERT B
15 MATRICARIA CT
HOMOSASSA, FL 344465903 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: S () Delete
Name: SPENCE, ROBERT B
Address: 15 MATRICARIA CT
City-St-Zip: HOMOSASSA, FL 344465903

Title: VP () Delete
Name: ROBERTS, FRANK
Address: 4287 N. ARBOR SHORE TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: P () Delete
Name: OXFORD, DOUGLAS
Address: 4310 N. SADDLE DR.
City-St-Zip: BEVERLY HILLS, FL 34465

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ROBERTS, FRANK
Address: 4287 N. ARBOR SHORE TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: VP (X) Change () Addition
Name: OXFORD, DOUGLAS
Address: 4310 N. SADDLE DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T () Change (X) Addition
Name: CHRIST, HOWARD
Address: 11249 N. BLACKFOOT PT.
City-St-Zip: DUNNELLON, FL 34434

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: ROBERT B. SPENCE

S

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date