

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16654

FILED
Jan 08, 2009
Secretary of State

Entity Name: CITRUS COUNTY FAMILY RESOURCE CENTER, INC.

Current Principal Place of Business:

C/O GINGER WEST
2435 N FLORIDA AVE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

C/O GINGER WEST
2435 N FLORIDA AVE
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-2998366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEST, GINGER(VIRGINIA L MRS.
3595 E DIANA LN
INVERNESS, FL 34453 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: VPD () Delete
Name: WEST, VIRGINIA L MRS
Address: 3595 E DIANA LN
City-St-Zip: INVERNESS, FL 34453

Title: S () Delete
Name: CLEARY, MICHELLE MRS
Address: 1782 E CLEVELAND ST
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: LANE, SHEARA
Address: 301 S SEMINOLE AVE.
City-St-Zip: INVERNESS, FL 34452

Title: P () Delete
Name: LEMIRE, NURIS
Address: 5270 W FIELD STREET
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: WALDERMAR, RICK
Address: PO BOX 2456
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: CLARK, DEBORAH
Address: 9856 W ARMS DR D1
City-St-Zip: CRYSTAL RIVER, FL 34429

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
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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: VIRGINIA L WEST

VPD

01/08/2009

Electronic Signature of Signing Officer or Director

Date