2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 28, 2007 DOCUMENT# N48473 Secretary of State

Entity Name: CITRUS COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1007 W MAIN STREET INVERNESS, FL 34450 US

Current Mailing Address: New Mailing Address:

PO BOX 2004

INVERNESS, FL 34451 US

FEI Number: 59-3138328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANCASTER, PAT 1007 W MAIN STREET INVERNESS, FL 34450 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete GOODENOW, MICHELLE ROHLAND, EDNA Name: Name: 821 SE HIGHWAY 19 Address: 1004 US HIGHWAY 92 W Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: AUBURNDALE, FL 33823

Title: VPD () Delete Title: () Change () Addition

Name: LAMB, JEWEL Name: Address: P.O. BOX 489 Address: City-St-Zip: CRYSTAL RIVER, FL 34423 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ROHLAND, EDNA Name: KAUFFMAN, RHONDA Name: 1004 US HIGHWAY 92 WEST 321 W SUGARBERRY LANE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: BEVERLY HILLS, FL 34465

Title: TD () Delete Title: () Change () Addition

Name: RODGERS, LINDA Name: 2367 E GULF TO LAKE HIGHWAY Address: Address: City-St-Zip: INVERNESS, FL 34453 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: LINDA RODGERS TD 06/28/2007