

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48473

FILED
Jan 17, 2008
Secretary of State

Entity Name: CITRUS COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

1007 W MAIN STREET
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2004
INVERNESS, FL 34451 US

New Mailing Address:

1007 W MAIN STREET
INVERNESS, FL 34450 US

FEI Number: 59-3138328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCASTER, PAT
1007 W MAIN STREET
INVERNESS, FL 34450 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: PD () Delete
Name: ROHLAND, EDNA
Address: 1004 US HIGHWAY 92 W
City-St-Zip: AUBURNDALE, FL 33823

Title: VPD () Delete
Name: LAMB, JEWEL
Address: P.O. BOX 489
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: SD () Delete
Name: KAUFFMAN, RHONDA
Address: 321 W SUGARBERRY LANE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: TD () Delete
Name: RODGERS, LINDA
Address: 2367 E GULF TO LAKE HIGHWAY
City-St-Zip: INVERNESS, FL 34453

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
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: LINDA RODGERS

TD

01/17/2008

Electronic Signature of Signing Officer or Director

Date