

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004628

FILED
Jun 23, 2009
Secretary of State

Entity Name: NORTH CITRUS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

8055 N. DACCA TER.
DUNNELLON, FL 34433 US

New Principal Place of Business:

Current Mailing Address:

8055 N. DACCA TER.
DUNNELLON, FL 34433 US

New Mailing Address:

FEI Number: 59-3362753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARVEY, MORRIS
8055 N DECEA TER
DUNNELLON, FL 34433 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: HARVEY, MORRIS
Address: 8055 N DACCA TERR
City-St-Zip: DUNNELLON, FL 34433

Title: SD () Delete
Name: PIERCE, ANNETTE
Address: 7732 W SIR WALTERS LANE
City-St-Zip: DUNNELLON, FL 34433

Title: D () Delete
Name: BUNTS, JOHN F SR.
Address: 7824 W WALDREN CT.
City-St-Zip: DUNNELLON, FL 34433

Title: D () Delete
Name: DOUGHERTY, ROBERT
Address: 7160 N. FERNANDINA AVE.
City-St-Zip: DUNNELLON, FL 34433

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: MORRIS HARVEY

PD

06/23/2009

Electronic Signature of Signing Officer or Director

Date