

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004658

FILED
Apr 22, 2009
Secretary of State

Entity Name: CITRUS 20/20 INC.

Current Principal Place of Business:

P.O. BOX 1141
LECANTO, FL 344601141 US

New Principal Place of Business:

3414 S. FITCH AVENUE
INVERNESS, FL 34452 US

Current Mailing Address:

P.O. BOX 1141
LECANTO, FL 344601141 US

New Mailing Address:

P. O. BOX 1141
LECANTO, FL 34450

FEI Number: 65-0616903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE-MCLEAN, ANNGEOLACE
3414 S FITCH AVE
INVERNESS, FL 34452 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: TD () Delete
Name: PHILLIPS, CHERYL
Address: 2218 N. WATSEDEGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: CD () Delete
Name: BLUE-MCLEAN, ANNGEOLACE
Address: 3414 S. FITCH AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: SD () Delete
Name: AUSTIN, SHERRILEE
Address: 3452 N. FORESOME WAY
City-St-Zip: CITRUS SPRING, FL 34434

Title: VC () Delete
Name: NAYFIELD, MARYBETH
Address: 161 SW 3 ST
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: BLUE-MCLEAN, ANNGEOLACE
Address: 3414 S. FITCH AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: VCD (X) Change () Addition
Name: NAYFIELD, MARYBETH
Address: 161 SW 3RD STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TD (X) Change () Addition
Name: LIEBERMAN, RON
Address: 2805 HIGHWAY 44 WEST
City-St-Zip: INVERNESS, FL 34453

Title: SC (X) Change () Addition
Name: PHILLIPS, CHERYL
Address: 2218 N. WATSEDEGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

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: CHERYL PHILLIPS

SD

04/22/2009

Electronic Signature of Signing Officer or Director

Date