2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004626

FILED Feb 09, 2009 Secretary of State

Entity Name: CITIZENS OPPOSED TO THE SUNCOAST TOLLWAY, INC.

Current Principal Place of Business: New Principal Place of Business: 5365 W. RANGER ST BEVERLY HILLS, FL 34465 **Current Mailing Address: New Mailing Address:** 5365 W. RANGER ST BEVERLY HILLS, FL 34465 FEI Number: 59-3405713 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: MASAOY, JANET 5365 W. RANGER ST BEVERLY HILLS, FL 34465 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MASAOY, JOSE Name: Name: 5365 W. RANGER ST. Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RUSNAK, THEODORA Name: Address: 749 W. MASSACHUSETTS STREET Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip: Title: () Delete Title: (X) Change () Addition FITZPATRICK, EDWARD FITZPATRICK, EDWARD Name: Name: 155 N CRYSTAL MEASOW PATH Address: Address: 155 N CRYSTAL MEADOW PATH City-St-Zip: LECANTO, FL 34461 City-St-Zip: LECANTO, FL 34461 Title: VD () Delete Title: VD (X) Change () Addition Name: GRANATA, MARY Name: GRANATA, MARY Address: P.O. BOX 482 Address: P.O. BOX 482 City-St-Zip: HOMOSESSA SPRINGS, FL 344470482 City-St-Zip: HOMOSASSA SPRINGS, FL 344470482 Title: () Delete Title: () Change () Addition SIMPSON, CARVELL Name: Name: 3135 N BUCKHORN DR Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: Title: () Delete Title: () Change () Addition MASAOY, JANET Name: Name: Address: 5365 W RANGER STREET Address: BEVERLY HILLS, FL 34465 City-St-Zip: 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: JANET MASAOY PRES 02/09/2009