

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 002 ****61.25

DOCUMENT # N99000003582 1. Entity Name FAMILIES & FRIENDS OF RETARDED ADULTS IN CITRUS COUNTY, FLORIDA, INC.																																																																																																							
Principal Place of Business 8634 E GLASGOW PL INVERNESS, FL 34450		Mailing Address 8634 E GLASGOW PL INVERNESS, FL 34450																																																																																																					
2. Principal Place of Business - No P.O. Box # P.O. Box 470 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 470 Suite, Apt. #, etc.																																																																																																					
City & State LECAITO, FL. Zip 34460-0470		City & State LECAITO, FL. Zip 34460-0470																																																																																																					
Country USA.		Country USA.																																																																																																					
4. FEI Number 59-3485350		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent HOPPER, STEPHANIE 8634 E GLASGOW PL INVERNESS, FL 34450		7. Name and Address of New Registered Agent Name RONALD PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 104 DAISY ST. City HOMOSASSA FL Zip Code 34446																																																																																																					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Ronald Phillips, President DATE 1/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																					
Make check payable to Florida Department of State																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																							
SIGNATURE: Ronald Phillips <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-16-08 Daytime Phone # 352-382-7819																																																																																																					