

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003582

FILED
Feb 10, 2009
Secretary of State

Entity Name: FAMILIES & FRIENDS OF RETARDED ADULTS IN CITRUS COUNTY, FLORIDA, INC.

Current Principal Place of Business:

POB 470
LECANTO, FL 344600470

New Principal Place of Business:

130 HEIGHTS AVENUE
INVERNESS, FL 34452 US

Current Mailing Address:

POB 470
LECANTO, FL 344600470

New Mailing Address:

PO BOX 470
LECANTO, FL 34460 US

FEI Number: 59-3485350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLOPS, RONALD
104 DAISY ST
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

PHILLIPS, RONALD PRES
104 DAISY ST
HOMOSASSA, FL 34446 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: RONALD PHILLIPS

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, RONALD
Address: 104 DAISY ST
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: LEBERT, PHYLLIS
Address: 3441 JONAH PLACE
City-St-Zip: INVERNESS, FL 34453

Title: TD () Delete
Name: MICKLUS, CAROL
Address: 5465 W. PAWNEE DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D (X) Delete
Name: SPOHN, PAUL
Address: 1418 E ST JAMES LOOP
City-St-Zip: INVERNESS, FL 344533639

Title: SDTD (X) Delete
Name: MICKLUS, CAROL
Address: 5465 W PAWNEE DR
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PHILLIPS, RONALD PRES
Address: 104 DAISY ST
City-St-Zip: HOMOSASSA, FL 34446

Title: VD (X) Change () Addition
Name: LEBERT, PHYLLIS VP
Address: 3441 JONAH PLACE
City-St-Zip: INVERNESS, FL 34453

Title: TD (X) Change () Addition
Name: HOPPER, LARRY D TREASUR
Address: 8634 E GLASGOW PL
City-St-Zip: INVERNESS, FL 34450 US

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: LARRY HOPPER

MR

02/10/2009

Electronic Signature of Signing Officer or Director

Date