2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007064

FILED Apr 17, 2009 Secretary of State

Entity Name: CITIZENS FOR SANITY, PASCO COUNTY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	D O'LAKES BLV AKES, FL 3463			
Current Mailing Address:		New Mailing Address:		
9840 SR UTZ, FL				
El Number	: 59-3618132	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
AMETTA 9840 SR UTZ, FL	54			
, –				
he above	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
he above	e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
he above the State	e of Florida. É	ubmits this statement for the p		red office or registered agent, or both, Date
the above the State	e of Florida. É	c Signature of Registered Age	ent	
the above the State	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Age ORS: Delete GILMAN	ent	Date
he above the State GNATUE OFFICER: title: ame: ddress:	e of Florida. RE: Electronic S AND DIRECT D () I COLSON, CLAY 4318 JOY ROAD LAND O LAKES,	C Signature of Registered Age CORS: Delete GILMAN FL 34639 Delete Y M ROAD	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
he above the State IGNATUI FFICER: tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	e of Florida. RE: Electronic S AND DIRECT D ()I COLSON, CLAY 4318 JOY ROAD LAND O LAKES, D ()I WRIGHT, HARRY 23032 GENEVA LAND O LAKES,	C Signature of Registered Age FORS: Delete GILMAN FL 34639 Delete Y M ROAD FL 34639 Delete DUG RD.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

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: DAN RAMETTA MR. 04/17/2009