

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710236

FILED
Jan 25, 2008
Secretary of State

Entity Name: CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

1315 N. VAN NORTWICK RD.
LECANTO, FL 32661

New Principal Place of Business:

Current Mailing Address:

130 HEIGHTS AVE
INVERNESS, FL 34452 US

New Mailing Address:

FEI Number: 59-1154716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLE, CHESTER V MR.
1315 N. VAN NORTWICK ROAD
LECANTO, FL 32661 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: PD () Delete
Name: WHITTON, B.M. JR
Address: 4930 N. MAPLE TERRACE
City-St-Zip: HERNANDO, FL 344423435 US

Title: SD () Delete
Name: LEVINS, RUTH L
Address: 3930 N. SEMINOLE PT.
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: SD () Delete
Name: HEPFER, ROBERT B
Address: 5684 E CARLTON COURT
City-St-Zip: INVERNESS, FL 34453 US

Title: D () Delete
Name: JOYNER, SAMUEL
Address: EAST HIGHWAY 44
City-St-Zip: CRYSTAL RIVER, FL 344230098 US

Title: T () Delete
Name: DETMER, E. DAVID MR.
Address: 85 S. MAYLEN AVENUE
City-St-Zip: LECANTO, FL 34461 US

Title: VPD () Delete
Name: DODGE, EDWARD DR.
Address: 8581 E SWEETWATER DR
City-St-Zip: INVERNESS, FL 344507300 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. EDWARD DODGE

VP

01/25/2008

Electronic Signature of Signing Officer or Director

Date