

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90041 017 ****61.25

DOCUMENT # 717353

1. Entity Name
CITA, INC.



Principal Place of Business

**2330 JOHNNY ELLISON DR
MELBOURNE FL 32901-5553
US**

Mailing Address

**P O BOX 2185
MELBOURNE FL 32902-185
US**

40000334



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne FL 32902-2185

4. FEI Number **59-1273570**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLISON, DANIEL G
2289 OHIO STREET
MELBOURNE FL 32904-6144**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **GUINN, WAYNE**
STREET ADDRESS **3675 WHISPERWOOD CR**
CITY-ST-ZIP **MELBOURNE, FL 00000**

TITLE **VD** ☐ Change ☒ Addition
NAME **Richard Gaffney**
STREET ADDRESS **212 Coral Way W**
CITY-ST-ZIP **Indianapolis FL 32903**

TITLE **DV** ☐ Delete
NAME **ELLISON, JEFFREY R**
STREET ADDRESS **163 ATLANTIC AVE**
CITY-ST-ZIP **INDIANALANTIC FL 32903**

TITLE **DV** ☒ Change ☐ Addition
NAME **Ellison, Jeffrey R.**
STREET ADDRESS **410 First Ave.**
CITY-ST-ZIP **Melbourne Beach FL 32951**

TITLE **DS** ☐ Delete
NAME **ELLISON, HELEN M**
STREET ADDRESS **210 E. UNIVERSITY BLVD, APT. 8**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WEBB, WILLIAM**
STREET ADDRESS **619 W. ESPANOLA WAY**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ELLISON, DANIEL G.**
STREET ADDRESS **2289 OHIO STREET**
CITY-ST-ZIP **MELBOURNE FL 32904-6144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **COTTRILL, DAVID**
STREET ADDRESS **4904 GAIL BLVD**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DAVID COTTRILL** REQUIRED

1.3.03 321.725.5160

CR2E037 (10/02)