

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44402

FILED
Mar 21, 2006
Secretary of State

Entity Name: CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC,

Current Principal Place of Business:

105 SE HWY 19
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

105 SE HWY 19
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3068965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOPKINS, MICHAEL M
1701 SE FORT KING STREET
OCALA, FL 32671 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: PARKER, STEVE
Address: 33 NEW YORK BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: BARD, JIM
Address: 1230 SE KINGS BAY DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VD () Delete
Name: TIMMONS, JACKIE
Address: 11540 CAMP DR
City-St-Zip: DUNNELLON, FL 34432

Title: TD () Delete
Name: GRIMES, CHARLES T
Address: 4806 W GYPSUM DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SD () Delete
Name: PORTWOOD, RHONDA
Address: 9438 E GOSPEL ISLAND RD
City-St-Zip: INVERNESS, FL 34450

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MAUREEN WHITAKER

ED

03/21/2006

Electronic Signature of Signing Officer or Director

_____ Date