

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2009  
Secretary of State**

DOCUMENT# N44402

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: TURNER, CARLTON R  
Address: 4212 S APOPKA  
City-St-Zip: INVERNESS, FL 34452

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

Title: VD ( ) Delete  
Name: HEINZ, DAVID  
Address: 2507 HWY 44N  
City-St-Zip: INVERNESS, FL 34453

Title: TD ( ) Delete  
Name: TODD, LUTHER W  
Address: 8941 W ANNA GAIL LN  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD ( ) Delete  
Name: FOXWORTH, JUDY  
Address: 63 S LINCOLN AVE  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D ( ) Delete  
Name: RALPH, JAMES W  
Address: 8599 E HAMPTON PT 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:

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: MAUREEN TAMBASCO

ED

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date