

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44402

FILED
Mar 17, 2010
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:

109 NE CRYSTAL STREET
CRYSTAL RIVER, FL 34428

Current Mailing Address:

105 SE HWY 19
CRYSTAL RIVER, FL 34429

New Mailing Address:

109 NE CRYSTAL STREET
CRYSTAL RIVER, FL 34428

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

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

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

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

Title: SD
Name: FOXWORTH, JUDY
Address: 63 S LINCOLN AVE
City-St-Zip: BEVERLY HIILS, FL 34465

Title: D
Name: RALPH, JAMES W
Address: 8599 E HAMPTON PT RD
City-St-Zip: INVERNESS, FL 34450

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN TAMBASCO

ED

03/17/2010

Electronic Signature of Signing Officer or Director

Date