

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44402

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC,

**Current Principal Place of Business:**

109 NE CRYSTAL STREET  
SUITE B  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

**Current Mailing Address:**

109 NE CRYSTAL STREET  
SUITE B  
CRYSTAL RIVER, FL 34428

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

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

Title: VD  
Name: JANUCHOWSKI, ROGER  
Address: 8172 SW 108TH ST RD  
City-St-Zip: OCALA, FL 34481

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

Title: SD  
Name: SHEETS, CHERYL  
Address: 10364 N NATCHEZ  
City-St-Zip: DUNNELLON, FL 34434

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

01/03/2012

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

\_\_\_\_\_  
Date