

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717353

FILED  
Apr 08, 2010  
Secretary of State

Entity Name: CITA, INC.

**Current Principal Place of Business:**

2330 JOHNNY ELLISON DR  
MELBOURNE, FL 329015553 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2185  
MELBOURNE, FL 329022185 US

**New Mailing Address:**

FEI Number: 59-1273570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLISON, DANIEL G  
2289 OHIO STREET  
MELBOURNE, FL 329046144 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: VD  
Name: GUINN, WAYNE  
Address: 244 PRIMROSE AVE  
City-St-Zip: SPRINGFIELD, MO 65807 US

Title: D  
Name: SLATE, JIM  
Address: 2275 PINE MEADOW AVENUE  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: D  
Name: ELLISON, HELEN M  
Address: 2330 JOHNNY ELLISON DR  
City-St-Zip: MELBOURNE, FL 329015553 US

Title: T  
Name: WEBB, WILLIAM R  
Address: 619 W. ESPANOLA WAY  
City-St-Zip: MELBOURNE, FL 32901 US

Title: PD  
Name: ELLISON, DANIEL G.  
Address: 2289 OHIO STREET  
City-St-Zip: MELBOURNE, FL 329046144 US

Title: DS  
Name: MOORE, TERRI  
Address: 4340 DONCASTER DRIVE  
City-St-Zip: MELBOURNE, FL 32935 US

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: DANIEL G ELLISON

PD

04/08/2010

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

\_\_\_\_\_  
Date