

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710236

Entity Name: CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.**FILED**
Apr 28, 2023
Secretary of State
6437983273CC**Current Principal Place of Business:**5399 W GULF TO LAKE HWY
LECANTO, FL 34461**Current Mailing Address:**5399 W GULF TO LAKE HWY
LECANTO, FL 34461**FEI Number: 59-1154716****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WALKER, MELISSA L
5399 W GULF TO LAKE HWY
LECANTO, FL 34461 US*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: MELISSA WALKER****04/28/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title RECORDING SECRETARY

Name LEVINS, RUTH LMS.

Address 3930 N. SEMINOLE PT.

City-State-Zip: CRYSTAL RIVER FL 34428

Title TREASURER

Name VICK, DENNIS

Address 5570 E. TENISON STREET

City-State-Zip: INVERNESS FL 34452

Title PRESIDENT

Name ZEMANIK, CAROLYN

Address 2575 N. LANTERN TERRACE

City-State-Zip: HERNANDO FL 34442

Title CORRESPONDING SECRETARY

Name MORTON, JAMES

Address 1645 W MAIN ST

City-State-Zip: INVERNESS FL 34450

Title CFO

Name DOUCETTE, LEO

Address 3822 WASHBURN PLACE

City-State-Zip: WESLEY CHAPEL FL 33543

Title DIRECTOR

Name WALKER, MELISSA

Address 5399 W GULF TO LAKE HWY

City-State-Zip: LECANTO FL 34461

Title VP

Name MOLING, CHRIS

Address PO BOX 177

City-State-Zip: INVERNESS FL 34451

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: MELISSA WALKER**EXECUTIVE DIRECTOR****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date