2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2017
Secretary of State
CC9621495496

DOCUMENT# 710236

Entity Name: CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

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:

COLE, CHESTER VMR.
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	DETMER, E. DAVID MR.
Address	85 S. MAYLEN AVENUE
City-State-Zip:	LECANTO FL 34461

Title	RECORDING SECRETARY
Name	LEVINS, RUTH LMS.
Address	3930 N. SEMINOLE PT.
City-State-Zip:	CRYSTAL RIVER FL 34428

Title	DIRECTOR
Name	HUPP, IRENE R
Address	P.O. BOX 170
City-State-Zip:	LECANTO FL 34460

Title	CORRESPONDENCE SECRETARY
Name	ZEMANIK, CAROLYN
Address	2575 N. LANTERN TERRACE
City-State-Zip:	HERNANDO FL 34442

Title	VP
Name	BATSON, JAMES DR.
Address	2473 E. HAMPSHIRE ST.
City-State-Zip:	INVERNESS FL 34428

Title	DIRECTOR
Name	JOYNER, SAMUEL
Address	P.O. BOX 98
City-State-Zip:	CRYSTAL RIVER FL 34423

Title	TREASURER
Name	VICK, DENNIS
Address	5570 E. TENISON STREET
City-State-Zip:	INVERNESS FL 34452

Title	DIRECTOR
Name	BECK, MATT
Address	189 EAST SAVOY STREET
City-State-Zip:	LECANTO FL 34461

Continues on page 2

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: E. DAVID DETMER PRESIDENT 03/20/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COBURN, DALE
Address	954 N CONANT AVENUE
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	DIRECTOR
Name	BRYAN, MELHADO
Address	3407 S FAIRWAY TERRACE
City-State-Zip:	INVERNESS FL 34450