

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710236

Entity Name: CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.**FILED**
Apr 04, 2024
Secretary of State
4849154451CC**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**04/04/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	VICK, DENNIS
Address	5570 E. TENISON STREET
City-State-Zip:	INVERNESS FL 34452
Title	CORRESPONDING SECRETARY
Name	MORTON, JAMES
Address	1645 W MAIN ST
City-State-Zip:	INVERNESS FL 34450
Title	DIRECTOR
Name	WALKER, MELISSA
Address	5399 W GULF TO LAKE HWY
City-State-Zip:	LECANTO FL 34461

Title	PRESIDENT
Name	ZEMANIK, CAROLYN
Address	2575 N. LANTERN TERRACE
City-State-Zip:	HERNANDO FL 34442
Title	CFO
Name	DOUCETTE, LEO
Address	3822 WASHBURN PLACE
City-State-Zip:	WESLEY CHAPEL FL 33543
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****04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date