

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717353

Entity Name: CITA, INC.

Current Principal Place of Business:

2330 JOHNNY ELLISON DR
MELBOURNE, FL 32901-5553

Current Mailing Address:

2330 JOHNNY ELLISON DR
MELBOURNE, FL 32901-5553 US

FEI Number: 59-1273570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLISON, DANIEL G
2289 OHIO STREET
MELBOURNE, FL 32904-6144 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 VD
Name GUINN, WAYNE
Address 871 WEST CRESTWOOD ST
City-State-Zip: NIXA MO 65714

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

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

Title PD
Name ELLISON, DANIEL G
Address 2289 OHIO STREET
City-State-Zip: WEST MELBOURNE FL 32904-6144

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

Title D
Name MYRUE, SPIVEY
Address 436 EASTON FOREST CIR SE
City-State-Zip: PALM BAY FL 32909

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

PRESIDENT

04/17/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date