

**2024 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:** Yes

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

MORROW, BRYAN B JR.  
2330 JOHNNY ELLISON DR  
MELBOURNE, FL 32901-5553 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:** BRYAN B. MORROW, JR.

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SLATE, JIM  
Address        1370 GARWOOD DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

Title           PD  
Name           MORROW, BRYAN B JR.  
Address        4340 DONCASTER DRIVE  
City-State-Zip: MELBOURNE FL 32935

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

Title           DIRECTOR  
Name           FADDEN, CHRISTOPHER J  
Address        302 RIVERSIDE DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title           DIRECTOR  
Name           ETHERIDGE, HERBERT K  
Address        4450 PORTAGE TRAIL  
City-State-Zip: MELBOURNE FL 32940

Title           DIRECTOR  
Name           ELLISON, BRIAN  
Address        2540 JUDGE FRAN JAMIESON WAY  
                  UNIT 2105  
City-State-Zip: MELBOURNE FL 32940

Title           DIRECTOR  
Name           GANDOLFO, LUCIAN  
Address        620 BAYTREE DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title           DIRECTOR  
Name           ARBOGAST, MICHAEL L.  
Address        108 W. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

*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:** BRYAN MORROW

**EXECUTIVE DIRECTOR**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date