

**2023 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:**

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.

01/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VD  
Name GUINN, WAYNE  
Address 877 N. HIGHWAY A1A  
UNIT 603  
City-State-Zip: INDIALANTIC FL 32903

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

**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:** BRYAN B. MORROW, JR.

**EXECUTIVE DIRECTOR**

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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