

**2017 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.

03/16/2017

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	PD
Name	MORROW, BRYAN B JR.
Address	1690 S. DIXIE HIGHWAY (US#1)
City-State-Zip:	MALABAR FL 32950
Title	DIRECTOR
Name	COTTRILL, DAVID L
Address	210 OAKWOOD DRIVE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	TREASURER
Name	SLATE, JIM
Address	2275 PINE MEADOW AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904
Title	DS
Name	MOORE COOPER, 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

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

**EXECUTIVE DIRECTOR**

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date