

**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