

**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