

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720657

**Entity Name:** CITRUS COUNTY AUDUBON SOCIETY, INC.**Current Principal Place of Business:**19065 SW 92ND LOOP  
C/O FRED HILEMAN  
DUNNELLON, FL 34431**Current Mailing Address:**P.O. BOX 527  
LECANTO, FL 34460-0527 US**FEI Number:** 23-7160727**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILEMAN, FRED  
19065 SW 92ND LOOP  
DUNNELLON, FL 34431 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:** FRED HILEMAN

03/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HILEMAN, FRED
Address	19065 SW 92ND LOOP
City-State-Zip:	DUNNELLON FL 34431

Title	T
Name	ALBERTSON, SUSAN
Address	1633 N. SHADOWVIEW PATH
City-State-Zip:	HERNANDO FL 34442

Title	S
Name	FREIDNER, JEAN
Address	3726 E COVE PARK TRL
City-State-Zip:	HERNANDO FL 34442

Title	VP
Name	RICCIO, EILEEN
Address	1304 CYPRESS COVE CT
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR
Name	BRABBLE, KEVIN
Address	5326 W STATE ST
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	FASSETT, REESA
Address	1461 SW 161ST STREET
City-State-Zip:	OCALA FL 34473

Title	DIRECTOR
Name	MESSERSMITH, BOB
Address	2909 S EAGLE TERRACE
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR
Name	HALL, VIRGINIA
Address	2998 N STIRRUP DR
City-State-Zip:	BEVERLY HILLS FL 34465

**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:** SUSAN ALBERTSON

TREASURER

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	HORNE, DEBBY
Address	4364 N ARBOR SHORE TRAIL
City-State-Zip:	HERNANDO FL 34442