

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724212

**Entity Name:** THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIRE  
DEPARTMENT, INC**Current Principal Place of Business:**2351 E HWY 318  
CITRA, FL 32113**Current Mailing Address:**2351 E HWY 318  
P.O. BOX 1000  
CITRA, FL 32113 US**FEI Number: 59-1802491****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALL, ROBERT E  
17126 NE 36TH CT  
CITRA, FL 32113 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:** ROBERT E BALL

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	WARD, WILLIAM S
Address	5215 E HWY 318 P O BOX 975
City-State-Zip:	CITRA FL 32113

Title	D, PRESIDENT
Name	MEDEMA, KAREN E (CHMN)
Address	18100 NW 19 COURT
City-State-Zip:	CITRA FL 32113

Title	D
Name	BALL, ROBERT E
Address	17126 NE 36TH COURT
City-State-Zip:	CITRA FL 32113

Title	D
Name	BURLESON, MARGUERITE
Address	POB 100
City-State-Zip:	CITRA FL 32113

Title	D, T, S
Name	INGLE, CAROLYN
Address	17454 NE 14TH AVE P O BOX 615
City-State-Zip:	CITRA FL 32113

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:** KAREN MEDEMA**DIRECTOR**

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date