

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724212

Entity Name: THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIRE
DEPARTMENT, INC**FILED**
Mar 26, 2015
Secretary of State
CC8761044175**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: Yes****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****03/26/2015**

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
Name MCGEE, JOHN S
Address 18420 NE 5TH TERR RD
P O BOX 488
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 STD
Name OSTANIK, SUSAN M
Address P O BOX 185
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 E MEDEMA**PRESIDENT****03/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date