

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746849

Entity Name: CITRUS COUNTY BUILDING ALLIANCE, INC.**Current Principal Place of Business:**1196 S. LECANTO HWY.
LECANTO, FL 34461**Current Mailing Address:**1196 S. LECANTO HWY.
LECANTO, FL 34461**FEI Number: 59-1896946****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BIDLACK, DONNA C
1196 S. LECANTO HWY.
LECANTO, FL 34461 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	TREASURER
Name	HALL, GASTON F III
Address	2200 W DEER TRAIL LANE
City-State-Zip:	LECANTO FL 34461

Title	SECRETARY
Name	PORTER, HARRIET
Address	8154 W PINE BLUFF ST
City-State-Zip:	CRYSTAL RIVER FL 34428

Title	VP
Name	HAMILTON, LORRIE
Address	180 N SUNCOAST BLVD
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	PRESIDENT
Name	WORTHINGTON, STACEY
Address	7698 W CHELSEA CT
City-State-Zip:	HOMOSASSA FL 34446

Title	PRESIDENT ELECT
Name	SUTHERLAND, MELISSA
Address	PO BOX 840
City-State-Zip:	LECANTO FL 34460

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: HALL, GASTON F III**TREASURER****04/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date