

**2020 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           | PRESIDENT        |
| Name            | HAMMER, MARK     |
| Address         | 484 S BAUER RD   |
| City-State-Zip: | LECANTO FL 34461 |

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

|                 |                      |
|-----------------|----------------------|
| Title           | FIRST VICE PRESIDENT |
| 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: F. GASTON HALL III****TREASURER****04/23/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date