2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2022
Secretary of State
9162640002CC

DOCUMENT# 759803

Entity Name: CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

6403 W HOMOSASSA TRL.
HOMOSASSA, FL 34448

Current Mailing Address:

PO BOX 1283
INVERNESS, FL 34451-1283 US

FEI Number: 59-2858475

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KALVINEK, SCOTT A
6391 W GREEN ACRES ST
HOMOSASSA, FL 34446 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: SCOTT KALVINEK 01/05/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	KALVINEK, SCOTT	Name	NEEDHAM, CATHERINE
Address	6391 W GREEN ACRES ST	Address	8960 EAST JEFFERSON ST.
City-State-Zip:	HOMOSASSA FL 34446	City-State-Zip:	FLORAL CITY FL 34436
Title	TREASURER	Title	SECRETARY
Name	FALCONE, MOLLY	Name	HARDAWAY, DESTINY
Address	519 S ADAMS ST.	Address	8094 N HILLVIEW CIRCLE
City-State-Zip:	BEVERLY HILLS FL 34465	City-State-Zip:	CITRUS SPRINGS FL 34434
Title	DIRECTOR	Title	DIRECTOR
Name	KING, BRIAN	Name	LIMMOUGH, TENNILLE
Address	7623 SPRINGTIME LN	Address	2055 N CROFT AVVE
City-State-Zip:	HOMOSASSA FL 34448	City-State-Zip:	INVERNESS FL 34453

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: SCOTT KALVINEK PRESIDENT 01/05/2022

Electronic Signature of Signing Officer/Director Detail — Date