

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759803

Entity Name: CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

5474 S SUNCOAST BLVD
HOMOSASSA, FL 34446

Current Mailing Address:

5474 S SUNCOAST BLVD
HOMOSASSA, FL 34446 US

FEI Number: 59-2858475

Certificate of Status Desired: No

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

01/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KALVINEK, SCOTT
Address 6391 W GREEN ACRES ST
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name KING, BRIAN T
Address 5040 S SLOW PT
City-State-Zip: HOMOSASSA FL 34446

Title TREASURER
Name BURGESS, MOLLY
Address 519 S ADAMS ST.
City-State-Zip: BEVERLY HILLS FL 34465

Title EVENT COARDINATOR
Name HARDAWAY, DESTINY
Address 8094 N HILLVIEW CIRCLE
City-State-Zip: CITRUS SPRINGS FL 34434

Title DIRECTOR
Name BURGESS, CHRIS
Address 519 S ADAMS ST.
City-State-Zip: BEVERLY HILLS FL 34465

Title DIRECTOR
Name LIMMOUGH, TENNILLE
Address 2055 N CROFT AVVE
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

01/15/2024

Electronic Signature of Signing Officer/Director Detail

Date