

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 791117

**Entity Name:** CITRUS MARKETING SERVICES, INC.

**Current Principal Place of Business:**

3123 US 27 SOUTH  
SEBRING, FL 33870

**Current Mailing Address:**

PO BOX 1021  
SEBRING, FL 33871 US

**FEI Number:** 59-2067035

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHERMAN, LISA  
111 E PARK ST  
LAKE PLACID, FL 33852 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:** LISA SHERMAN

04/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCLEAN, MARK  
Address 1745 US HWY 27 SOUTH  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name MOORE, CHRIS  
Address 33 WALL STREET  
City-State-Zip: FROSTPROOF FL 33843

Title DIRECTOR, VP  
Name ROGERS, DANE  
Address P O BOX 237  
City-State-Zip: HIGHLANDS CITY FL 33846-0237

Title DIRECTOR, SECRETARY  
Name LIGHTSEY, DAVID  
Address PO BOX 1021  
City-State-Zip: SEBRING FL 33871

Title DIRECTOR, PRESIDENT  
Name V.C., HOLLINGSWORTH  
Address 5389 NW LILY AVE  
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR  
Name SALLIN, MICHEL  
Address 2600 45TH STREET  
City-State-Zip: VERO BEACH FL 32967

Title TREASURER  
Name SHERMAN, LISA  
Address 111 E PARK ST  
City-State-Zip: LAKE PLACID FL 33852

*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:** LISA SHERMAN

TREASURER

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date