

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05482

**Entity Name:** CITIZENS FOR ORMOND BEACH, INC.

**Current Principal Place of Business:**

55 E GRANADA BLVD  
ORMOND BEACH, FL 32175

**Current Mailing Address:**

55 E GRANADA BLVD  
ORMOND BEACH, FL 32175

**FEI Number:** 59-2432976

**Certificate of Status Desired:** No

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

PRESS, RITA  
875 WILMETTE AVENUE  
# 714  
ORMOND BEACH, FL 32174 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 PD  
Name PRESS, RITA  
Address 875 WILMETTE AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

Title VPD  
Name MYERS, ELIZABETH  
Address 135 BANYON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title T  
Name TURNER, GINNY  
Address 1541 HARMONY AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

Title S  
Name TURNER, GINNY  
Address 1541 HARMONY AVE  
City-State-Zip: ORMOND BEACH FL 32174

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:** RITA PRESS

**PRESIDENT**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date