

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

DOCUMENT# N44402

**FILED  
Feb 09, 2017  
Secretary of State  
CC3176978640**

**Entity Name:** CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC,

**Current Principal Place of Business:**

109 NE CRYSTAL STREET  
SUITE B  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

109 NE CRYSTAL STREET  
SUITE B  
CRYSTAL RIVER, FL 34428

**FEI Number: 59-3068965**

**Certificate of Status Desired: No**

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

HOPKINS, MICHAEL M  
1701 SE FORT KING STREET  
OCALA, FL 32671 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 BARD, JAMES  
Address 1230 SE KINGS BAY DR  
City-State-Zip: CRYSTAL RIVER FL 34429

Title D  
Name MURPHY, BRIAN  
Address 11876 W COQUINA CT  
City-State-Zip: CRYSTAL RIVER FL 34429

Title TD  
Name TODD, LUTHER W  
Address 40 VINCA STREET  
City-State-Zip: HOMOSASSA FL 34446

Title SD  
Name SHEETS, CHERYL  
Address 10364 N NATCHEZ  
City-State-Zip: DUNNELLON FL 34434

Title D  
Name MURPHY, BETTY  
Address 11876 W COQUINA CT  
City-State-Zip: CRYSTAL RIVER FL 34429

Title EXECUTIVE DIRECTOR  
Name TAMBASCO, MAUREEN  
Address 6960 S STRAIGHT AVE  
City-State-Zip: HOMOSASSA FL 34446

*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: MAUREEN TAMBASCO**

**EXECUTIVE DIRECTOR**

**02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date