

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44402

Entity Name: CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC,

Current Principal Place of Business:

109 NE CRYSTAL STREET
SUITE B
CRYSTAL RIVER, FL 34428

FILED
Feb 04, 2015
Secretary of State
CC0805573447

Current Mailing Address:

109 NE CRYSTAL STREET
SUITE B
CRYSTAL RIVER, FL 34428

FEI Number: 59-3068965

Certificate of Status Desired: Yes

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 VD
Name JANUCHOWSKI, ROGER
Address 8172 SW 108TH ST RD
City-State-Zip: Ocala FL 34481

Title TD
Name TODD, LUTHER W
Address 8941 W ANNA GAIL LN
City-State-Zip: CRYSTAL RIVER FL 34429

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

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date