

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003193

**Entity Name:** CITRUS COUNTY SHERIFF'S FOUNDATION, INC.

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**7087649695CC**

**Current Principal Place of Business:**

1 DR MARTIN LUTHER KING JR AVE  
INVERNESS, FL 34450

**Current Mailing Address:**

1 DR MARTIN LUTHER KING JR AVE  
INVERNESS, FL 34450 US

**FEI Number: 65-0605059**

**Certificate of Status Desired: No**

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

VITT, ELENA  
1 DR MARTIN LUTHER KING JR AVE  
INVERNESS, FL 34450 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: ELENA VITT**

**04/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VITT, ELENA  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title SECRETARY  
Name MCGUIRE, MARIANNE  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title VP  
Name COADIC, CHARLOTTE  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title T  
Name VITT, ELENA  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR  
Name FULTS, CLAUDINE  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR  
Name ELLIS, ROBERT  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

*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: ELENA VITT**

**PRESIDENT**

**04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date