

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90085 015 ****61.25

DOCUMENT # 717353

1. Entity Name
CITA, INC.



Principal Place of Business
2330 JOHNNY ELLISON DR
MELBOURNE, FL 32901-5553 US

Mailing Address
P O BOX 2185
MELBOURNE, FL 32902-2185 US



01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1273570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLISON, DANIEL G
2289 OHIO STREET
MELBOURNE, FL 32904-6144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME GUINN, WAYNE ☐ Delete
STREET ADDRESS 1778 SOUTH MAIN STREET
CITY-ST-ZIP MANSFIELD, OH 44907

TITLE VD ☒ Change ☐ Addition
NAME GUINN, WAYNE
STREET ADDRESS 244 PRIMROSE AVE
CITY-ST-ZIP SPRINGFIELD, MO 65807

TITLE DV ☐ Delete
NAME ELLISON, JEFFREY R
STREET ADDRESS 3054 SCALLOP LANE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE V ☒ Change ☐ Addition
NAME ELLISON, JEFFREY R.
STREET ADDRESS 115 SEDGE WOOD CIRCLE
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE DS ☐ Delete
NAME ELLISON, HELEN M
STREET ADDRESS 1690 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MALABAR, FL 32950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME WEBB, WILLIAM
STREET ADDRESS 619 W. ESPANOLA WAY
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME ELLISON, DANIEL G.
STREET ADDRESS 2289 OHIO STREET
CITY-ST-ZIP MELBOURNE, FL 329046144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME COTTRILL, DAVID
STREET ADDRESS 4904 GAIL BLVD
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE D ☐ Change ☒ Addition
NAME SPNEY, MYRUE
STREET ADDRESS 1878 GLENWOOD ST NE
CITY-ST-ZIP PALM BAY, FL 32907 (LAST NAME- SPIVEY)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2008 321-725-5160
Date Daytime Phone #