

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717353

FILED
Apr 08, 2010
Secretary of State

Entity Name: CITA, INC.

Current Principal Place of Business:

2330 JOHNNY ELLISON DR
MELBOURNE, FL 329015553 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2185
MELBOURNE, FL 329022185 US

New Mailing Address:

FEI Number: 59-1273570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, DANIEL G
2289 OHIO STREET
MELBOURNE, FL 329046144 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD
Name: GUINN, WAYNE
Address: 244 PRIMROSE AVE
City-St-Zip: SPRINGFIELD, MO 65807 US

Title: D
Name: SLATE, JIM
Address: 2275 PINE MEADOW AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: D
Name: ELLISON, HELEN M
Address: 2330 JOHNNY ELLISON DR
City-St-Zip: MELBOURNE, FL 329015553 US

Title: T
Name: WEBB, WILLIAM R
Address: 619 W. ESPANOLA WAY
City-St-Zip: MELBOURNE, FL 32901 US

Title: PD
Name: ELLISON, DANIEL G.
Address: 2289 OHIO STREET
City-St-Zip: MELBOURNE, FL 329046144 US

Title: DS
Name: MOORE, TERRI
Address: 4340 DONCASTER DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

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: DANIEL G ELLISON

PD

04/08/2010

Electronic Signature of Signing Officer or Director

Date