# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2011**
**Secretary of State**

DOCUMENT# 724212

**Entity Name:** THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIREARTMENT, INC

**Current Principal Place of Business:**

2189 NE 180TH LANE
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

2189 NE 180TH LANE
P.O. BOX 236
CITRA, FL 32113

**New Mailing Address:**

**FEI Number: 59-1802491** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OSTANIK, SUSAN M
1751 E. HWY 318
CITRA, FL 32113 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: D
Name: WARD, WILLIAM S
Address: 5215 E HWY 318
City-St-Zip: CITRA, FL 32113

Title: PD
Name: MCGEE, JOHN S (CHMN)
Address: 18420 NE 5TH TERR RD
City-St-Zip: CITRA, FL 32113

Title: D
Name: MEDEMA, KAREN E
Address: 18100 NW 19 COURT
City-St-Zip: CITRA, FL 32113

Title: STD
Name: OSTANIK, SUSAN M
Address: 1751 E HWY 318
City-St-Zip: CITRA, FL 32113

Title: D
Name: BALL, ROBERT E
Address: 17126 NE 36TH COURT
City-St-Zip: CITRA, FL 32113

Title: D
Name: BURLESON, MARGUERITE
Address: POB 100
City-St-Zip: CITRA, FL 32113

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: KAREN E MEDEMA D 04/19/2011

Electronic Signature of Signing Officer or Director — Date