



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003027	
1. Entity Name CITRUS COUNTY FAMILY VISITATION CENTER, INC.	

Principal Place of Business 204 S. SEMINOLE AVE SUITE 357 INVERNESS, FL 34450	Mailing Address PO BOX 1184 INVERNESS, FL 34451-1184
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DO NOT WRITE IN THIS SPACE

	
02152007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3513910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUMPHREY, VICKIE J 3600 E. GULF TO LAKE HWY. INVERNESS, FL 34453	DO NOT WRITE IN THIS SPACE
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 _____		DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, FRED 1 SOUTH PARK AVENUE INVERNESS, FL 34451
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGER, DAVID 3600 E. GULF-TO-LAKE HWY INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANGLEY, ALIDA 110 N. APOPKA AVE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIGIOVANNI, FRANK 212 WEST MAIN STREET INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUMPHREY, VICKIE 3600 E GULF TO LAKE HWY INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S SULLIVAN, MARY 808 W. DAMPIER ST. INVERNESS, FL 34450

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03/01/07-80053-015 61.25

DO NOT WRITE
IN THIS SPACE

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: <u>Vickie J. Humphrey</u> CPA, TREASURER	Date: <u>2/15/07</u> (352) 341-3449
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	