

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**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



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3513910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MORAN, FRED
STREET ADDRESS	1 SOUTH PARK AVENUE
CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	D
NAME	LANGER, DAVID
STREET ADDRESS	3600 E. GULF-TO-LAKE HWY
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	P
NAME	LANGLEY, ALIDA
STREET ADDRESS	110 N. APOPKA AVE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	DIGIOVANNI, FRANK
STREET ADDRESS	212 WEST MAIN STREET
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	HUMPHREY, VICKIE
STREET ADDRESS	3600 E GULF TO LAKE HWY
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D/S
NAME	SULLIVAN, MARY
STREET ADDRESS	808 W. DAMPIER ST.
CITY-ST-ZIP	INVERNESS, FL 34450

U00000779969  
01/14/08-80003-015 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 (352) 341-3449

Date

Daytime Phone #