

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003027

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** CITRUS COUNTY FAMILY VISITATION CENTER, INC.

**Current Principal Place of Business:**

204 S. SEMINOLE AVE  
SUITE 357  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1184  
INVERNESS, FL 344511184

**New Mailing Address:**

**FEI Number:** 59-3513910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUMPHREY, VICKIE J  
3600 E. GULF TO LAKE HWY.  
INVERNESS, FL 34453 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 ( ) Delete  
Name: MORAN, FRED  
Address: 1 SOUTH PARK AVENUE  
City-St-Zip: INVERNESS, FL 34451

Title: D ( ) Delete  
Name: LANGER, DAVID  
Address: 3600 E. GULF-TO-LAKE HWY  
City-St-Zip: INVERNESS, FL 34453

Title: P ( ) Delete  
Name: LANGLEY, ALIDA  
Address: 110 N. APOPKA AVE  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: DIGIOVANNI, FRANK  
Address: 212 WEST MAIN STREET  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: HUMPHREY, VICKIE  
Address: 3600 E GULF TO LAKE HWY  
City-St-Zip: INVERNESS, FL 34453

Title: D/S ( ) Delete  
Name: SULLIVAN, MARY  
Address: 808 W. DAMPIER ST.  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D/T (X) Change ( ) Addition  
Name: HUMPHREY, VICKIE  
Address: 3600 E GULF TO LAKE HWY  
City-St-Zip: INVERNESS, FL 34453

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICKIE J HUMPHREY

D/T

01/06/2009

Electronic Signature of Signing Officer or Director

Date