

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003027

FILED
Feb 01, 2011
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
Name: MORAN, FRED
Address: 1 SOUTH PARK AVENUE
City-St-Zip: INVERNESS, FL 34451

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

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

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

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

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

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: VICKIE J HUMPHREY

D/T

02/01/2011

Electronic Signature of Signing Officer or Director

Date