

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011083

Entity Name: CITRUS COUNTY FOUNDATION FOR ANIMAL PROTECTION, INC.**FILED**
Jan 07, 2023
Secretary of State
8904888941CC**Current Principal Place of Business:**2604 EAST HAMPSHIRE STREET
INVERNESS, FL 34453**Current Mailing Address:**P O BOX 1164
INVERNESS, FL 34451**FEI Number: 46-1357819****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WANDA, MOAK
2604 EAST HAMPSHIRE STREET
INVERNESS, FL 34453 US*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:** WANDA MOAK**01/07/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	T
Name	MOAK, WANDA	Name	GLOOR, LAURA
Address	2604 E HAMPSHIRE ST	Address	P O BOX 1164
City-State-Zip:	INVERNESS FL 34453	City-State-Zip:	INVERNESS FL 34451
Title	SECRETARY	Title	VP
Name	ESCHE, KATHLEEN	Name	WELLS, RORY
Address	P O BOX 1164	Address	P O BOX 1164
City-State-Zip:	INVERNESS FL 34451	City-State-Zip:	INVERNESS FL 34451
Title	VP		
Name	JILL, BARBOUR		
Address	P O BOX 1164		
City-State-Zip:	INVERNESS FL 34451		

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: WANDA MOAK**PRESIDENT****01/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date