

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011083

**Entity Name:** CITRUS COUNTY FOUNDATION FOR ANIMAL PROTECTION, INC.

**FILED**  
**Jan 17, 2020**  
**Secretary of State**  
**7475470353CC**

**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

**01/17/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MOAK, WANDA  
Address 2604 E HAMPSHIRE ST  
City-State-Zip: INVERNESS FL 34453

Title T  
Name GLOOR, LAURA  
Address 9160 N. RAINELLE AVE.  
City-State-Zip: CRYSTAL RIVER FL 34428

Title VP  
Name HENDRIX, MICHELLE  
Address 293 N CHERRY POP DR  
City-State-Zip: INVERNESS FL 34453

Title SECRETARY  
Name ESCHE, KATHLEEN  
Address 4030 W. BRECKENRIDGE COURT  
City-State-Zip: BEVERLY HILLS FL 34465

*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**

**01/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date