

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011083

Entity Name: CITRUS COUNTY FOUNDATION FOR ANIMAL PROTECTION, INC.**FILED**
Jan 15, 2025
Secretary of State
7218667174CC**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:**MOAK, WANDA
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**01/15/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	T
Name	GLOOR, LAURA
Address	P O BOX 1164
City-State-Zip:	INVERNESS FL 34451

Title	SECRETARY
Name	ESCHE, KATHLEEN
Address	P O BOX 1164
City-State-Zip:	INVERNESS FL 34451

Title	VP, OPERATIONS
Name	HANNA, KAREN
Address	P O BOX 1164
City-State-Zip:	INVERNESS FL 34451

Title	VP, COMMUNITY RELATIONS
Name	JILL, BARBOUR
Address	P O BOX 1164
City-State-Zip:	INVERNESS FL 34451

Title	VP, FINANCES
Name	WELLS, RORY
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****01/15/2025**

Electronic Signature of Signing Officer/Director Detail

Date