

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007354

**Entity Name:** CITRUS COUNTY CHARITIES, INC.

**Current Principal Place of Business:**

126 N INDEPENDENCE HWY  
INVERNESS, FL 34453

**Current Mailing Address:**

126 N INDEPENDENCE HWY  
INVERNESS, FL 34453 US

**FEI Number:** 46-3438460

**Certificate of Status Desired:** No

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

SCHWARTZ, TIMOTHY J  
126 N INDEPENDENCE HWY  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHWARTZ, MELYSSA P  
Address 126 N INDEPENDENCE HWY  
City-State-Zip: INVERNESS FL 34453

Title VP  
Name BALDWIN, JAMES W  
Address 4296 E LOUISIANA LANE  
City-State-Zip: HERNANDO FL 34442

Title SEC  
Name MORRISON, JOHN  
Address 11060 S ISTACHATTA RD  
City-State-Zip: FLORAL CITY FL 34436

Title TRES  
Name SCHWARTZ, MELYSSA P  
Address 126 N INDEPENDENCE HWY  
City-State-Zip: INVERNESS FL 34453

*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:** MELYSSA SCHWARTZ

**PRESIDENT**

**01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date