

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006726

**FILED**  
**Jun 03, 2023**  
**Secretary of State**  
**0125584148CC**

**Entity Name:** CITRUS COUNTY DEMOCRATIC EXECUTIVE COMMITTEE INC

**Current Principal Place of Business:**

8961 S BERKSHIRE AVENUE  
INVERNESS, FL 34452-9004

**Current Mailing Address:**

PO BOX 74  
LECANTO, FL 34461

**FEI Number:** 34-2006537

**Certificate of Status Desired:** No

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

COMER, JOHN B  
601 E FALCONRY CT  
HERNANDO, FL 34442 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:** JOHN B COMER

06/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name SWEENEY, DEIRDRE  
Address 1500 E MONOPOLY LOOP  
City-State-Zip: INVERNESS FL 34450

Title TREASURER  
Name COMER, JOHN B  
Address 8961 S BERKSHIRE AVENUE  
City-State-Zip: INVERNESS FL 34452-9004

Title SECRETARY  
Name MESSIA, JOANN  
Address 87656 N FARRINGTON DR  
City-State-Zip: CITRUS SPRINGS FL 34433

Title DIRECTOR  
Name ADAMS, JOSEPH  
Address 1126 E TRIPLE CROWN LOOP  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name REEDER, SUSAN  
Address PO BOX 563  
City-State-Zip: INVERNESS FL 34451

Title VC  
Name GILBERT, TIMOTHY  
Address 1500 EAST MONOPOLY LOOP  
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:** JOHN B COMER

**TREASURER**

06/03/2023

Electronic Signature of Signing Officer/Director Detail

Date