

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006726

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC7880695482**

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

**Current Principal Place of Business:**

7690 N GREENDALE DR  
CITRUS SPRINGS, FL 34434

**Current Mailing Address:**

PO BOX 74  
LECANTO, FL 34461

**FEI Number:** 34-2006537

**Certificate of Status Desired:** Yes

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

BROWN, OTIS L  
7690 N GREENDALE DR  
CITRUS SPRINGS, FL 34434 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	WILLIAMS, WENDY R
Address	5635 W JUNIOR LN
City-State-Zip:	DUNNELLON FL 34433
Title	T
Name	BROWN, OTIS L
Address	7690 N GREENDALE DR
City-State-Zip:	CITRUS SPRINGS FL 34434
Title	D
Name	ADAMS, JOSEPH
Address	1126 E TRIPLE CROWN LOOP
City-State-Zip:	HERNANDO FL 34442

Title	VP
Name	HARDY, RAYMOND
Address	3196 S GRAYMOR PATH
City-State-Zip:	INVERNESS FL 34450
Title	S
Name	MAGED, RICHARD
Address	87656 N FARRINGTON DR
City-State-Zip:	CITRUS SPRINGS FL 34433
Title	DIRECTOR
Name	REEDER, SUSAN
Address	PO BOX 563
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:** OTIS L BROWN

**TREASURER**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date