2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2025
Secretary of State
3069954137CC

DOCUMENT# N16000008969

Entity Name: CITRUS SYMPHONIC CONCERT ASSOCIATION, INC.

Current Principal Place of Business:

27 BYRSONIMA CT S
HOMOSASSA, FL 34446

Current Mailing Address:

P.O. BOX 814
INVERNESS, FL 34451 US

FEI Number: 81-3882802

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, PATRICIA
732 S APOPKA AVE
INVERNESS, FL 34452 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: PATRICIA A. JOHNSON 05/02/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	WILLIAMS, JUDITH
Address	27 BYRSONIMA CT S
City-State-Zip:	HOMOSASSA FL 34446

Title	TREASURER
Name	JOHNSON, PATRICIA
Address	732 S. APOPKA AVE.
City-State-Zip:	INVERNESS FL 34452

Title	DIRECTOR
Name	BROWN, MARTHA
Address	5605 N HIGHLAND PARK DRIVE
City-State-Zip:	HERNANDO FL 34442

Title	VP
Name	GILL, JENNY
Address	6850 W SENTINEL BLUFF PATH
City-State-Zip:	BEVERLY HILLS FL 34465

Title	SECRETARY
Name	STOYER, MEGAN
Address	1083 S CANDLENUT AVE
City-State-Zip:	HOMOSASSA FL 34448

Title	DIRECTOR
Name	RAMSEY, TY
Address	327 S HARRISON ST
City-State-Zip:	BEVERLY HILLS FL 34465

Title	DIRECTOR
Name	THOMPSON, KATHY
Address	6286 E. WILLOW ST
City-State-Zip:	INVERNESS FL 34452

Title	DIRECTOR
Name	LOPEZ, JERRY
Address	3388 W WILD DUNES PLACE
City-State-Zip:	LECANTO FL 34461

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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: PATRICIA JOHNSON TREASURER 05/02/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WALLIS, ROBERTA
Address	728 HOLMES AVE
City-State-Zip:	INVERNESS FL 34450