

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16654

Entity Name: CITRUS COUNTY FAMILY RESOURCE CENTER, INC.**Current Principal Place of Business:**3660 N CARL G ROSE HWY
HERNANDO, FL 34442**Current Mailing Address:**3660 N CARL G ROSE HWY
HERNANDO, FL 34442 US**FEI Number:** 59-2998366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FONTANA, RONALD JOSEPH
3660 N. CARL G. ROSE HWY
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:** RONALD FONTANA

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	LAWRENCE, ROBERTA
Address	8294 N. TRIANA DRIVE
City-State-Zip:	CITRUS SPRINGS FL 34434

Title	PRESIDENT
Name	CLEARY, MICHELLE MRS
Address	1782 E CLEVELAND ST
City-State-Zip:	HERNANDO FL 34442

Title	TREASURER
Name	FORBUS, CARMON
Address	6670 N. EDELWEISS WAY
City-State-Zip:	CITRUS SPRINGS FL 34434

Title	DIRECTOR
Name	ARNOLD, LINDA
Address	1950 E. MARY LOU STREET
City-State-Zip:	HERNADO FL 34442

Title	VP
Name	BOU, SUSAN
Address	9320 S TIMBERLINE TERRACE
City-State-Zip:	INVERNESS FL 34452

Title	DIRECTOR
Name	DILLON, RHONDA
Address	PO BOX 322
City-State-Zip:	HOLDER FL 34445

Title	DIRECTOR
Name	BORTZ , KRISTI
Address	181 N. COUNTRY CLUB DRIVE
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	SECRETARY
Name	FITTERMAN , SHEARA
Address	301 S SEMINOLE AVE
City-State-Zip:	INVERNESS FL 34452

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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: RONALD FONTANA**EXECUTIVE DIRECTOR**

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ALDIS , VIKI
Address	4246 E ARLINGTON ST
City-State-Zip:	INVERNESS FL 34453