### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44402

Entity Name: CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC,

FILED
Jan 15, 2014
Secretary of State
CC7020337141

# **Current Principal Place of Business:**

109 NE CRYSTAL STREET SUITE B

CRYSTAL RIVER, FL 34428

## **Current Mailing Address:**

109 NE CRYSTAL STREET SUITE B CRYSTAL RIVER, FL 34428

FEI Number: 59-3068965 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

HOPKINS, MICHAEL M 1701 SE FORT KING STREET OCALA, FL 32671 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 PD Title D

NameBARD, JAMESNameMURPHY, BRIANAddress1230 SE KINGS BAY DRAddress11876 W COQUINA CT

City-State-Zip: CRYSTAL RIVER FL 34429 City-State-Zip: CRYSTAL RIVER FL 34429

Title VD Title TD

Name JANUCHOWSKI, ROGER Name TODD, LUTHER W

Address 8172 SW 108TH ST RD Address 8941 W ANNA GAIL LN

City-State-Zip: OCALA FL 34481 City-State-Zip: CRYSTAL RIVER FL 34429

Title SD Title D

Name SHEETS, CHERYL Name MURPHY, BETTY

Address 10364 N NATCHEZ Address 11876 W COQUINA CT

City-State-Zip: DUNNELLON FL 34434 City-State-Zip: CRYSTAL RIVER FL 34429

Title EXECUTIVE DIRECTOR

Name TAMBASCO, MAUREEN

Address 6960 S STRAIGHT AVE

City-State-Zip: HOMOSASSA FL 34446

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: MAUREEN TAMBASCO EXECUTIVE DIRECTOR 01/15/2014