2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
6999938181CC

DOCUMENT# N44402

Entity Name: CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC,

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:

GREEN & GREEN PA
9030 W FORT ISLAND TRAIL
5
CRYSTAL RIVER, FL 34429 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: JAMES DAVID GREEN, ESQUIRE 02/10/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	MURPHY, BETTY
Address	11876 WEST COQUINA CT
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	D
Name	MURPHY, BRIAN
Address	11876 W COQUINA CT
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	SD
Name	SHEETS, CHERYL
Address	10364 N NATCHEZ
City-State-Zip:	DUNNELLON FL 34434

Title	TREASURER
Name	TODD, LUTHER WAYNE
Address	40 VINCA ST
City-State-Zip:	HOMOSASSA FL 34446

Title	EXECUTIVE DIRECTOR
Name	TAMBASCO, MAUREEN
Address	6960 S STRAIGHT AVE
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	NAYFIELD, MARYBETH
Address	161 SW 3RD ST.
City-State-Zip:	CRYSTAL RIVER FL 34429

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 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date