

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48473

**Entity Name:** CITRUS COUNTY EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**1007 W MAIN STREET  
INVERNESS, FL 34450**Current Mailing Address:**P O BOX 2004  
INVERNESS, FL 34450 US**FEI Number:** 59-3138328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURDETTE, SHAUNDA  
1007 W MAIN STREET  
INVERNESS, FL 34450 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:** SHAUNDA BURDETTE

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name RODGERS, LINDA  
Address 2367 E GULF TO LAKE HWY  
City-State-Zip: INVERNESS FL 34453

Title TREASURER  
Name BARBIERI, AMY  
Address 2101 SE HWY 19  
City-State-Zip: CRYSTAL RIVER FL 34429

Title PRESIDENT  
Name WHITE, DAVID  
Address 1007 W. MAIN ST.  
City-State-Zip: INVERNESS FL 34451

Title VP  
Name KING, TED  
Address 2706 W SUNRISE ST  
City-State-Zip: LECANTO FL 34461

Title SECRETARY  
Name RYAN, TERRI  
Address 752 W BARRYMORE DR  
City-State-Zip: BEVERLY HILLS FL 34465

*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:** AMY BARBIERI

TREASURER

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date