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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning **JULY 01**, 2010, and ending **JUNE 30**, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☒ Amended return
☐ Application pending

C Name of organization
CITIZEN CPR, INC.
 Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
 PO BOX 24298
 City or town, state or country, and ZIP + 4
 LAKELAND FL 33802-4928

D Employer identification number
59-2469360

E Telephone number
(863) 680-1277

F Group Exemption Number ... ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

H Check ☒ if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ... ► \$ 181,264

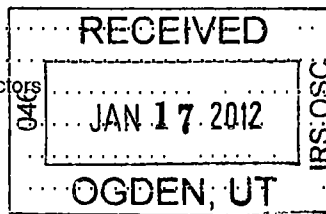
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	68,201
	2	Program service revenue including government fees and contracts	2	112,822
	3	Membership dues and assessments	3	
	4	Investment income	4	241
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	181,264	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	92,888
	13	Professional fees and other payments to independent contractors	13	1,900
	14	Occupancy, rent, utilities, and maintenance	14	14,760
	15	Printing, publications, postage, and shipping	15	977
	16	Other expenses (describe in Schedule O)	16	64,577
	17	Total expenses. Add lines 10 through 16	17	175,102
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,162
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	85,735
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	91,897

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED JAN 25 2012
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Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000, . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes ☐ No ☒

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here *Susan Barham* Signature of officer Date *1/10/2012*
 SUSAN BARHAM EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☒ if self-employed PTIN
 Firm's name ▶ DAVID R RAMOS, CPA Firm's EIN ▶
 Firm's address ▶ 4215 OLD ROAD 37 Phone no.
 LAKELAND FL 33813 863-701-7885

May the IRS discuss this return with the preparer shown above? See instructions Yes ☒ No ☐

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2010

Open to Public Inspection

Employer Identification number
59-2469360

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III--Functionally integrated
 - d ☐ Type III--Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. _____
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 - (ii) A family member of a person described in (i) above?

11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 - h Provide the following information about the supported organization(s).

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,466	47,119	53,505	70,539	68,201	277,830
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	137,321	136,374	126,317	115,371	112,822	628,205
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	3,600	3,600	3,600	3,600	3,600	18,000
6 Total. Add lines 1 through 5	179,387	187,093	183,422	189,510	184,623	924,035
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						924,035

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	179,387	187,093	183,422	189,510	184,623	924,035
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	286	1,123	1,771	666	341	4,187
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	286	1,123	1,771	666	341	4,187
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	179,673	188,216	185,193	190,176	184,964	928,222

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here****Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.55 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.56 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.45 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.44 %

19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization**b 33 1/3 % support tests -- 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CITIZEN CPR, INC.

Employer identification number

59-2469360

OTHER EXPENSES:

INSTRUCTOR FEES \$43,349

OTHER EXPENSES 21,228

ASSETS:

EQUIPMENT LESS DEPRECIATION \$1553

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011.
Name of Organization CITIZEN CPR, INC.				Employer Identification Number 59-2469360

Primary Purpose

TO PROVIDE INSTRUCTION AND CERTIFICATION OF LOCAL RESIDENTS IN MODIFIED
BASIC LIFE SUPPORT.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011
Name of Organization CITIZEN CPR, INC.			Employer Identification Number 59-2469360

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	141,369
Exempt Purpose Achievements			

TO PROVIDE INSTRUCTION AND CERTIFICATION OF LOCAL RESIDENTS IN MODIFIED
BASIC LIFE SUPPORT.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION		For calendar year 2010 or tax period beginning 07-01-2010, and ending 06-30-2011.		
Name of Organization CITIZEN CPR, INC.				Employer Identification Number 59-2469360
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
SUSAN BARHAM 1021 LAKELAND HILLS BLVD LAKELAND, FL 33805	EXECUTIVE DIRECTOR 40.00	50,066	4,646	0
BILL LUCKETT 999 AVENUE H NE WINTER HAVEN, FL 33881-4299	CHAIRMAN 2.00	0	0	0
PATTI RUBIN REGIONS BANK 124 S FLORIDA AVENUE LAKELAND, FL 33801	VICE-CHARIMAN 2.00	0	0	0
HARVEY CRAVEN, PARAMEDIC EMS DIRECTOR HIGHLANDS COUNTY LAKELAND, FL 33803	SECRETARY 2.00	0	0	0
BEA DICKEY, CPA, EXEC DIR. POLK COUNTY SHERIFF'S OFFICE 455 S. BROADWAY BARTOW, FL 33830	TREASURER 2.00	0	0	0
JENNY BLANK, RN WINTER HAVEN HOSPITAL 200 AVENUE F NE WINTER HAVEN, FL 33881	DIRECTOR 2.00	0	0	0
RETIRED FT. MEADE CITY COMM 412 N LANIER AVENUE FORT MEADE, FL 33841	DIRECTOR 2.00	0	0	0
LEE CLACK, RN, CNO LAKE WALES MED CTR 410 S 11TH STREET LAKE WALES, FL 33853	DIRECTOR 2.00	0	0	0
TOM CONGER LANIER UPSHAW 1115 HWY 98 SOUTH LAKELAND, FL 33801	DIRECTOR 2.00	0	0	0
BARBARA MANLEY FORT MEADE CITY COMMISSIONER FT MEADE, FL	DIRECTOR 2.00	0	0	0
KEVIN ENGLISH, CPA LARSON-ALLEN PO BOX 1076 LAKELAND, FL 33802	DIRECTOR 2.00	0	0	0
CARRIE NELSON, RN BARTOW RMC 2200 OSPREY BLVD BARTOW, FL 33831	DIRECTOR 2.00	0	0	0

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 2 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION		For calendar year 2010 or tax period beginning 07-01-2010, and ending 06-30-2011.		
Name of Organization CITIZEN CPR, INC.				Employer Identification Number 59-2469360
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
LINDA MAY, DDS 1495 E MAIN STREET BARTOW, FL 33830	DIRECTOR 2.00	0	0	0
SHARON PAUL, DIRECTOR WATSON CLINIC LLP 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	DIRECTOR 2.00	0	0	0
LINDA PILKINGTON, HFRMC PHYSICIANS COMMUNITY 3818 S SCENIC HWY LAKE WALES, FL 33898-6412	DIRECTOR 2.00	0	0	0
DEAN STAVELY LAKELAND REGIONAL MEDICAL CTR 1324 LAKELAND HILLS BLVD LAKELAND, FL 33805	DIRECTOR 2.00	0	0	0
KATIE DUMONT, PUBLIX PO BOX 32016 PROJECT MGR; BENEFITS ADMINISTRATIO LAKELAND, FL 33802	DIRECTOR 2.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning 07-01, and ending 06-30-2011
Name of Organization CITIZEN CPR, INC.	Employer Identification Number 59-2469360

Part V - Line 42a

Individual Name SUSAN BARNHAM
or
Business Name:

Street Address PO BOX 24298

U.S. Address:

Zip code 33802 City LAKELAND State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (863) 680-1277

Fax Number