



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial  
Ownership Report (FCC Form 323-E)

File Number: 0000099236 | Submit Date: 2020-01-22 | FRN: 0007220213

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/22/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0007220213		Citrus County Association for Retarded Citizens, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
5399 W Gulf to Lake Highway	Lecanto	FL	34461	+1 (352) 601-7209	kcenter@tampabay.rr.com

2. Contact Representative

Name		Organization			
John Neely, Esq.		Miller and Neely, PC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
3750 University Blvd. W. Suite 203	Kensington	MD	20895	+1 (301) 933-6304	johnsneely@yahoo.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019  When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s)  
and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name			FRN	
Citrus County Association for Retarded Citizens, Inc.			0007220213	

Fac. ID No.	Call Sign	City	State	Service
63901	WYKE-CD	INGLIS/YANKEETOWN	FL	DCA
71585	WXZC	INGLIS	FL	FM

Section II – Biennial Ownership Information

1. 47 C.F.R.  
Section 73.3613  
Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Incorporation as amended
Parties to contract or instrument	State of Florida
Date of execution	01/1966
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> organizational document

Document Information	
Description of contract or instrument	By Laws
Parties to contract or instrument	corporation
Date of execution	04/1993
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> organizational document

Document Information	
Description of contract or instrument	First Amendment to Articles of Incorporation
Parties to contract or instrument	company
Date of execution	01/1967
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> organizational document

Document Information	
Description of contract or instrument	Second Amendment to Articles of Incorporation
Parties to contract or instrument	company

<b>Date of execution</b>	07/1981
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> organizational document

Document Information	
<b>Description of contract or instrument</b>	Third Amendment to Articles of Incorporation
<b>Parties to contract or instrument</b>	company
<b>Date of execution</b>	05/1990
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> organizational document

Document Information	
<b>Description of contract or instrument</b>	Constitution
<b>Parties to contract or instrument</b>	company
<b>Date of execution</b>	04/1987
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> organizational document

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
<b>FRN</b>	0007220213	
<b>Entity Name</b>	Citrus County Association for Retarded Citizens, Inc.	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	5399 W Gulf to Lake Highway
	<b>Street 2</b>	

	<b>City</b>	Lecanto
	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	34461
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	
<b>Positional Interests</b> (check all that apply)	Respondent	
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
<b>FRN</b>	9990138753	
<b>Name</b>	Dale Coburn	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	5399 W Gulf to Lake Highway
	<b>Street 2</b>	
	<b>City</b>	Lecanto
	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	34461
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	broadcast engineer	
<b>By Whom Appointed or Elected</b>	board of directors	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990138754		
Name	E David Detmer		
Address	PO Box		
	Street 1	5399 W Gulf to Lake Highway	
	Street 2		
	City	Lecanto	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	34461	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	broadcast engineer		
By Whom Appointed or Elected	board of directors		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information		
FRN	9990138755	
Name	Bryan Melhado	
Address	PO Box	

	Street 1	5399 W Gulf to Lake Highway	
	Street 2		
	City	Lecanto	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	34461	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	law enforcement		
By Whom Appointed or Elected	board of directors		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990138756	
Name	Lynne Kirby	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	
	City	Lecanto
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	34461
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	teacher		
By Whom Appointed or Elected	board of directors		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information		
FRN	9990138758	
Name	Irene R. Hopp	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	
	City	Lecanto
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	34461
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	retired	
By Whom Appointed or Elected	board of directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	Equity	0.0%

	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990138759	
Name	James W. Morton	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	
	City	Lecanto
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	34461
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	real estate	
By Whom Appointed or Elected	board of directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990138760	
Name	Ruth L. Levins	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	



	<div>City</div>	Lecanto
	<div>State ("NA" if non-U.S. address)</div>	FL
	<div>Zip/Postal Code</div>	34461
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Officer, Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	writer	
<div>By Whom Appointed or Elected</div>	board of directors	
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US
	<div>Gender</div>	Female
	<div>Ethnicity</div>	Not Hispanic or Latino
	<div>Race</div>	White
<div>Interest Percentages<div>(enter percentage values from 0.0 to 100.0)</div></div>	<div>Voting</div>	8.3%
	<div>Equity</div>	0.0%
	<div>Total assets (Equity Debt Plus)</div>	0.0%
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		No

Ownership Information		
<div>FRN</div>	9990138761	
<div>Name</div>	Samuel Joyner	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	5399 W Gulf to Lake Highway
	<div>Street 2</div>	
	<div>City</div>	Lecanto
	<div>State ("NA" if non-U.S. address)</div>	FL
	<div>Zip/Postal Code</div>	34461
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	masonry contractor	

By Whom Appointed or Elected	board of directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990138762	
Name	Katie Myers	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	
	City	Lecanto
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	34461
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	marketing and public relations	
By Whom Appointed or Elected	board of directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
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Ownership Information		
FRN	9990138763	
Name	Chris Moling	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	
	City	Lecanto
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	34461
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	sports promotion	
By Whom Appointed or Elected	board of directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990138764	
Name	Carolyn Zemanik	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	
	City	Lecanto

	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	34461
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	retired	
<b>By Whom Appointed or Elected</b>	board of directors	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Female
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	8.3%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
<b>FRN</b>	9990138765	
<b>Name</b>	Dennis J. Vick	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	5399 W Gulf to Lake Highway
	<b>Street 2</b>	
	<b>City</b>	Lecanto
	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	34461
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	telecommunications engineer	
<b>By Whom Appointed or Elected</b>	board of directors	

Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990138766	
Name	Melissa Walker	
Address	PO Box	
	Street 1	5399 W Gulf to Lake Highway
	Street 2	
	City	Lecanto
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	34461
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	NPO Executive Director	
By Whom Appointed or Elected	board of directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
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<b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  If " <u>Yes</u> ," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
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3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee’s vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select “N/A” in response to this question.

Licensee has no parent entity

Section III - Certification

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: <b>Executive Director</b> Exact Legal Title or Name of Respondent: <b>Citrus County Association for Retard Citizens, Inc.</b> Name: <b>Melissa Walker</b> Phone: <b>3526017209</b>  01/22/2020