



# (REFERENCE COPY - Not for submission)

## Notification of Consummation

File Number: **0000144204** | Submit Date: **04/28/2021** | Lead Call Sign: **WXZC** | FRN: **0005815832**  
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **04/29/2021** |  
 Filing Status: **Active**

### General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Applicant Information

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC	ATTN: MELISSA WALKER 5399 W. GULF TO LAKE HIGHWAY LECANTO, FL 34461 United States	+1 (352) 400-6402	johnsneely@yahoo.com	Not-for-Profit

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
John Neely , Esq . MILLER AND NEELY PC	4 Simms Court Kensington, MD 20895 United States	+1 (301) 933-6304	JOHNSNEELY@YAHOO.COM	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2021-04-28	0005815832

#### Consume the Following Authorizations:

Select all the authorizations in the table below that will **not be consummated**

Call Sign	Facility ID	File Number	Will Not Consume
WXZC	71585	0000136225	

### Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>Melissa Walker</b> <i>Executive Director</i>  04/28/2021

**Attachments**

Information not provided.