SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $385)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:15
SECR... STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729253 (5)

1. Corporation Name
COMMUNITY INTERESTS, INC.

Principal Place of Business
1235 APALACHEE PARKWAY
TALLAHASSEE FL 32301

Mailing Address
1235 APALACHEE PARKWAY
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1974
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1561741 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent
MCCABE SEAN
1610 PAULA DR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCABE SEAN	1.2 NAME	
STREET ADDRESS	1610 PAULA DR	1.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	~~ROGERS, WILLIAM A.~~	2.2 NAME	Meioi F. Rogers
STREET ADDRESS	~~1814 SHARON ROAD~~	2.3 STREET ADDRESS	3550 Springhill Rd
CITY ST ZIP	~~TALLAHASSEE FL~~	2.4 CITY ST ZIP	Talla FL 32310
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ARICO, PAULA	3.2 NAME	
STREET ADDRESS	9023 WARBLER ST	3.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MONTANY, CLAUDIA	4.2 NAME	
STREET ADDRESS	1674 SPRINGWOOD DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	4.4 CITY ST ZIP	
TITLE	VP	5.1 TITLE	Vice President ☑ Change ☐ Addition
NAME	~~GAUDIO ANTHONY~~	5.2 NAME	Jeffray Jennings
STREET ADDRESS	~~2333 GRASSROOTS WAY~~	5.3 STREET ADDRESS	1121 Winifred Dr
CITY ST ZIP	~~TALLAHASSEE FL~~	5.4 CITY ST ZIP	Tallahassee, FL 32308
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, LYNN	6.2 NAME	
STREET ADDRESS	1610 MILTON	6.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Meioi Fox Rogers — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MEIOI FOX ROGERS
DATE: 6/26/95

CR2E037 (3/95)

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