

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005423

FILED
Apr 10, 2021
Secretary of State
8098971557CC

Entity Name: COMMUNITY INVOLVEMENT AND IMPROVEMENT
FOUNDATION CORP

Current Principal Place of Business:

11540 NW 29TH PLACE
SUNRISE, FL 33323

Current Mailing Address:

11540 NW 29TH PLACE
SUNRISE, FL 33323

FEI Number: 45-2460819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUWOL, DAVID M
11540 NW 29TH PLACE
SUNRISE, FL 33323 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PUWOL, DAVID M
Address 11540 NW 29TH PLACE
City-State-Zip: SUNRISE FL 33323

Title T
Name NGUM, CHRISTOPHER N
Address 11540 NW 29TH PLACE
City-State-Zip: SUNRISE FL 33323

Title V
Name POWTAKIEN, VIVIAN T
Address 11540 NW 29TH PLACE
City-State-Zip: SUNRISE FL 33323

Title D
Name CHIN, ROBERT
Address 11540 NW 29TH PLACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name BOVOUM, ANTOINE
Address 11540 NW 29TH PLACE
City-State-Zip: SUNRISE FL 33323

Title CFO
Name ROCHFORD, GAYLE P
Address 8400 SUNRISE LAKES BLVD
211
City-State-Zip: SUNRISE FL 33322

Title SECRETARY
Name SPRAGUE, SUSAN
Address 1120 NW 105TH WAY
City-State-Zip: PLANTATION FL 33322

Title CONSULTANT
Name RATTIGAN, DENISE DR.
Address 8090 CLEARY BLVD
904
City-State-Zip: PLANTATION FL 33324

Continues on page 2

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: DAVID PUWOL

PRESIDENT

04/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OUTREACH OFFICER
Name TOURE, HADRIEN
Address 909 GARNET CIRCLE
City-State-Zip: WESTON FL 33326