

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005423

**Entity Name:** COMMUNITY INVOLVEMENT AND IMPROVEMENT  
FOUNDATION CORP

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC4463767202**

**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	Title	S
Name	PUWOL, DAVID M	Name	JACOBSON, DEBBIE DR
Address	11540 NW 29TH PLACE	Address	7025 WOODMONT WAY
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	TAMARAC FL 33321
Title	T	Title	V
Name	NGUM, CHRISTOPHER N	Name	POWTAKIEN, VIVIAN T
Address	11540 NW 29TH PLACE	Address	11540 NW 29TH PLACE
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	D	Title	D
Name	TANYI, ENOCH	Name	CHIN, ROBERT
Address	11540 NW 29TH PLACE	Address	11540 NW 29TH PLACE
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date