## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005423

**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:

Title

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Feb 18, 2023

**Secretary of State** 

7046956975CC

Officer/Director Detail:

**SECRETARY** 

450 NW 68TH AVE
PLANTATION FL 33317

Title P Title T

NamePUWOL, DAVID MNameNGUM, CHRISTOPHER NAddress11540 NW 29TH PLACEAddress11540 NW 29TH PLACECity-State-Zip:SUNRISE FL 33323City-State-Zip:SUNRISE FL 33323

Title V Title CFO

Name POWTAKIEN, VIVIAN T Name ROCHFORD, GAYLE P

Address 11540 NW 29TH PLACE Address 8400 SUNRISE LAKES BLVD

City-State-Zip: SUNRISE FL 33323

City-State-Zip: SUNRISE FL 33322

Name SPRAGUE, SUSAN Title CONSULTANT

Address 1120 NW 105TH WAY Address 8090 CL FARY BLVD

Address Address 8090 CLEARY BLVD
City-State-Zip: PLANTATION FL 33322 904

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name SOOMAN, LEONARD P

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 02/18/2023

Electronic Signature of Signing Officer/Director Detail

Date