

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005423

**FILED**  
**Jun 01, 2020**  
**Secretary of State**  
**8419438445CC**

**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**

**06/01/2020**

\_\_\_\_\_  
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