

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005423

FILED
Apr 24, 2015
Secretary of State
CC0809341540

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	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
Title	DIRECTOR	Title	DIRECTOR
Name	NKEMLEKE, AMSHETU	Name	NKOUAGA, FERDINAND
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

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date