

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729253 (5)

1. Corporation Name

COMMUNITY INTERESTS, INC.



Principal Place of Business

1235 APALACHEE PARKWAY
TALLAHASSEE FL 32301

Mailing Address

1235 APALACHEE PARKWAY
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
04/02/1974

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1561741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCABE SEAN
1610 PAULA DR
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MCCABE SEAN
STREET ADDRESS 1610 PAULA DR
CITY-STATE-ZIP TALLAHASSEE FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE P ☒ DELETE
NAME ROBERTS, HEIDI F
STREET ADDRESS 3550 SPRINGHILL ROAD
CITY-STATE-ZIP TALLAHASSEE FL

21 TITLE ☒ Change ☐ Addition
22 NAME Fox Heidi
23 STREET ADDRESS 1300 W Indian Head dr
24 CITY-STATE-ZIP Tallahassee FL 32301

TITLE D ☐ DELETE
NAME ARICO, PAULA
STREET ADDRESS 9023 WARBLER ST
CITY-STATE-ZIP TALLAHASSEE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME MONTANY, CLAUDIA
STREET ADDRESS 1674 SPRINGWOOD DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE V ☒ DELETE
NAME JENNINGS, JEFFREY
STREET ADDRESS 1121 WINIFRED DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

51 TITLE ☐ Change ☒ Addition
52 NAME Ravinder Singh
53 STREET ADDRESS 207 W 1st Ave
54 CITY-STATE-ZIP Tallahassee FL 32303

TITLE S ☒ DELETE
NAME GRIFFIN, LYNN
STREET ADDRESS 1610 MILTON
CITY-STATE-ZIP TALLAHASSEE FL

61 TITLE ☐ Change ☒ Addition
62 NAME Gretchen Hardin
63 STREET ADDRESS 1932 WINDAN HILL
64 CITY-STATE-ZIP TALLA FL 32301

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

912-6581

CR2E037 (12/95)

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