

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729253** (5)

1. Corporation Name

COMMUNITY INTERESTS, INC.

Principal Place of Business

Mailing Address

**1235 APALACHEE PARKWAY
TALLAHASSEE FL 32301**

**1235 APALACHEE PARKWAY
TALLAHASSEE FL 32301-4543**



3. Date Incorporated or Qualified
04/02/1974

3a. Date of Last Report
04/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip 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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **FOX, HEIDI**
STREET ADDRESS **1300 W INDIAN HEAD DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MONTANY, CLAUDIA**
STREET ADDRESS **1874 SPRINGWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **RAVINDER, JINGH**
STREET ADDRESS **227 W 1ST AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **PESTELLA, JULIE**
5.3 STREET ADDRESS **3732 MUNDON WAY**
5.4 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☐ DELETE
NAME **GRETCHEN, HARDIN**
STREET ADDRESS **1932 WINDIAN HEAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **2032 WEDGEWOOD DR**
6.3 STREET ADDRESS **TALLAHASSEE FL 32311**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/27/97

984 942 6581

Date

Daytime Phone #0007943

CR2E037 (9/96)