

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number
59-1561741

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**MCCABE SEAN
1610 PAULA DR
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
81 Name **Chuck Hangerford**
82 Street Address (P.O. Box Number is Not Acceptable) **4170 Tucker Dr**
83
84 City **TALL** FL 85 Zip Code **32310**

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]* DATE **1/28/98**

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	MCCABE SEAN	
CITY - ST - ZIP	1610 PAULA DR TALLAHASSEE FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	FOX, HEIDI	
CITY - ST - ZIP	1300 W INDIAN HEAD DR. TALLAHASSEE FL 32301	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	ARICO, PAULA	
CITY - ST - ZIP	9023 WARBLER ST TALLAHASSEE FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	MONTANY, CLAUDIA	
CITY - ST - ZIP	1674 SPRINGWOOD DRIVE TALLAHASSEE FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	PESTELLA, JULIE	
CITY - ST - ZIP	3732 MUNDON WAY TALLAHASSEE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	GRETCHEN, HARDIN	
CITY - ST - ZIP	2032 WEDGEWOOD DR. TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
13 STREET ADDRESS	Denise Tansey	
14 CITY - ST - ZIP	Rt. 4, Box 484 Havana, FL 32333	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
22 NAME	Helene Whitley	
23 STREET ADDRESS	1312 Rumba Ln	
24 CITY - ST - ZIP	TALL FL 32304	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
32 NAME	Chuck Hangerford	
33 STREET ADDRESS	4170 Tucker Dr	
34 CITY - ST - ZIP	Tallahassee, FL 32310	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
42 NAME	JOHN BANCROFT	
43 STREET ADDRESS	1323 DIAMOND	
44 CITY - ST - ZIP	Tallahassee, FL 32301	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
52 NAME	Helen Barry Pritzker	
53 STREET ADDRESS	5494 Charles Samuel Dr	
54 CITY - ST - ZIP	TALL FL 32308	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	HARDIN, GRETCHEN	
63 STREET ADDRESS	2032 WEDGEWOOD DR	
64 CITY - ST - ZIP	TALLAHASSEE FL 32308	

14. I 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]* **Helene Whitley, president** DATE **1/28/98** DAYTIME PHONE # **90850-224-5282**

CR2E037 (10/97)