

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737574

FILED  
Jul 31, 2009  
Secretary of State

**Entity Name:** INTERCESSION CITY CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1531 IMMOKALEE ST.  
P.O. BOX 160  
INTERCESSION CITY, FL 33848

**New Principal Place of Business:**

1531 IMMOKALEE ST.  
INTERCESSION CITY, FL 33848

**Current Mailing Address:**

1531 IMMOKALEE ST.  
P.O. BOX 160  
INTERCESSION CITY, FL 33848

**New Mailing Address:**

1531 IMMOKALEE ST  
PO BOX 133  
INTERCESSION CITY, FL 33848

**FEI Number:** 59-2206051      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, IRENE  
1651 HOPE ST POB 133  
INTERCESSION CITY, FL 33848      US

**Name and Address of New Registered Agent:**

SMITH, IRENE  
1651 HOPE ST  
INTERCESSION CITY, FL 33848      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: IRENE SMITH

07/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MOFFET, JOYCE L  
Address: 1653 CHARITY ST  
City-St-Zip: INTERCESSION CITY, FL 33848

Title: VD      ( ) Delete  
Name: SMITH, IRENE  
Address: 1651 HOPE ST  
City-St-Zip: INTERCESSION CITY, FL 33848

Title: VD      ( ) Delete  
Name: BUNDY, BARBARA  
Address: 1670 SCHOOL ST  
City-St-Zip: INTERCESSION CITY, FL 33848

Title: SD      ( ) Delete  
Name: POIRIER, MARILYN  
Address: 5533 SHARON AVE  
City-St-Zip: INTERCESSION CITY, FL 33848

Title: TD      ( ) Delete  
Name: SMITH, IRENE  
Address: 1651 HOPE ST  
City-St-Zip: INTERCESSION CITY, FL 33848

Title: ATD      ( ) Delete  
Name: DORR, EVEA  
Address: 1679 FAITH ST  
City-St-Zip: INTERCESSION CITY, FL 33848

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IRENE SMITH

TD

07/31/2009

Electronic Signature of Signing Officer or Director

Date