

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737574

FILED
Jan 07, 2010
Secretary of State

Entity Name: INTERCESSION CITY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1531 IMMOKALEE ST.
INTERCESSION CITY, FL 33848

New Principal Place of Business:

Current Mailing Address:

1531 IMMOKALEE ST
PO BOX 133
INTERCESSION CITY, FL 33848

New Mailing Address:

FEI Number: 59-2206051 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: IRENE SMITH

TD

01/07/2010

Electronic Signature of Signing Officer or Director

Date