

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755438 (9)

1. Corporation Name

THE CITIZENS' IMPROVEMENT LEAGUE OF WIMAUMA, FLO
RIDA, INC.

Principal Place of Business

POST OFFICE BOX 215
WIMAUMA FL 33598

Mailing Address

POST OFFICE BOX 215
WIMAUMA FL 33598



3. Date Incorporated or Qualified
12/09/1980

3a. Date of Last Report
06/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRIEN, JAMES
5803 VEL STREET
P.O. BOX 215
WIMAUMA FL 33598-7215

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THARPE, ZENO C JR.
STREET ADDRESS 504 10TH STREET
CITY-ST-ZIP WIMAUMA FL ☒ DELETE

TITLE D
NAME JUNINGER, JOHN
STREET ADDRESS 409 10 ST
CITY-ST-ZIP WIMAUMA FL ☒ DELETE

TITLE SD
NAME CARRIE, HELEN
STREET ADDRESS 115 RAILROAD ST
CITY-ST-ZIP WIMAUMA FL ☐ DELETE

TITLE TD
NAME JACKSON, HAZEL
STREET ADDRESS 5917 ALLY ST
CITY-ST-ZIP WIMAUMA FL ☐ DELETE

TITLE VD
NAME BERRIEN, JAMES
STREET ADDRESS 5803 VEL ST.
CITY-ST-ZIP WIMAUMA FL ☐ DELETE

TITLE D
NAME YOUNG, GLORIA
STREET ADDRESS 5913 BASSA ST
CITY-ST-ZIP WIMAUMA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME GARRIS J.B.
1.3 STREET ADDRESS 5116 TAFE ST.
1.4 CITY-ST-ZIP WIMAUMA FL ☐ Change ☒ Addition

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

CARRIE, HELEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

Date

(813) 633-4447

Daytime Phone #

CR2E037 (3/96)