


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**POST OFFICE BOX 215
WIMAUMA FL 33598**

**POST OFFICE BOX 215
WIMAUMA FL 33598**



3. Date Incorporated or Qualified

12/09/1980

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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	<input type="checkbox"/> DELETE
NAME	GARRIS, J B	
STREET ADDRESS	2116 TAFF ST	
CITY-ST-ZIP	WIMAUMA FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARRIE, HELEN	
STREET ADDRESS	115 RAILROAD ST	
CITY-ST-ZIP	WIMAUMA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JACKSON, HAZEL	
STREET ADDRESS	5917 ALLY ST	
CITY-ST-ZIP	WIMAUMA FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERRIEN, JAMES	
STREET ADDRESS	5803 VEL ST.	
CITY-ST-ZIP	WIMAUMA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, GLORIA	
STREET ADDRESS	5913 BASSA ST	
CITY-ST-ZIP	WIMAUMA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERRIEN JAMES W.	
1.3 STREET ADDRESS	5825 58TH CT	
1.4 CITY-ST-ZIP	TAMPA FL 33619	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **JAMES W. BERRIEN** 1-24-98 (82) 12-2297

CP2E037 (10/97)