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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90032 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755438

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/09/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25	HILLSBOROUGH	29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 JAMES BERRIEN (NOTE: Registered Agent signature required when reinstating) DATE 3-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BERRIAN, JAMES W.	1.2 NAME	
STREET ADDRESS	5825 58TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD
NAME	CARRIE, HELEN	2.2 NAME	Garris, J.B.
STREET ADDRESS	115 RAILROAD ST	2.3 STREET ADDRESS	2116 Taft St.
CITY-ST-ZIP	WIMAUMA FL	2.4 CITY-ST-ZIP	WIMAUMA FL
TITLE	TD	3.1 TITLE	
NAME	JACKSON, HAZEL	3.2 NAME	
STREET ADDRESS	5917 ALLY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BERRIEN, JAMES	4.2 NAME	
STREET ADDRESS	5803 VEL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	YOUNG, GLORIA	5.2 NAME	
STREET ADDRESS	5913 BASSA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Berrien 3-29-99 (813) 621-3397
 JAMES W. BERRIEN Date Daytime Phone #

CR2E037 (11/98)