SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

NOT FOR PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000002333 (1)**

1. Corporation Name
COMMUNITY INITIATIVE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
900 ONE LINCOLN CENTER SYRACUSE NY 13202	900 ONE LINCOLN CENTER SYRACUSE NY 13202

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/12/1995**
3a. Date of Last Report:
4. FEI Number: **23-2746544** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TORIC HOMES CORPORATION
138 VICKERS DR.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature required when reinstating. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOEWENSTEIN, WILLIAM 18 AITKEN AVE. HUDSON NY 12534	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V, S BARRY, ANGELA 900 ONE LINCOLN CENTER SYRACUSE NY 13202	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCAULIFFE, KEVIN R 3289 RANSOM RD. JAMESVILLE NY 13078	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEIFTER, LOWELL A 6222 QUINTARD RD. JAMESVILLE NY 13078	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOEWENSTEIN, MARY ANN 18 AITKEN AVE. HUDSON NY 12534	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D LOEWENSTEIN, WILLIAM 18 AITKEN AVE. HUDSON NY 12534	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D LOEWENSTEIN, MARY ANN 18 AITKEN AVE. HUDSON NY 12534	☐ Change ☒ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D WARFIELD, TIMOTHY 130 SPRINGDALE ROAD YORK PA 17043	☐ Change ☒ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900001882679 -07/03/96--01018--019 ***61.25	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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.

07-01-96

SIGNATURE: Angela M. Barry, Vice President 6/7/96 315-422-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #