

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003297

FILED
Jan 28, 2009
Secretary of State

Entity Name: COMMUNITY INFORMATION NETWORK, INC.

Current Principal Place of Business:

14 WEST JORDAN STREET
1D
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

14 WEST JORDAN STREET
1D
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 03-0384180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKENZIE, GERALD
301 N. BARCELONA STREET
PENSACOLA, FL 32501 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: PRES () Delete
Name: ROBERSON, DANIEL
Address: 6320 W. LARUA STREET
City-St-Zip: PENSACOLA, FL 32506 US

Title: SECR () Delete
Name: LOVE, TORI
Address: 6205 LUTHER STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: VP () Delete
Name: HARTHEY, DON
Address: 7608 UNTREINER AVENUE
City-St-Zip: PENSACOLA, FL 32534 US

Title: TREA () Delete
Name: O'DONNELL, JOHN
Address: P. O. BOX 73739
City-St-Zip: PENSACOLA, FL 32503 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change () Addition
Name: CAMPBELL, TINESE
Address: 413 EAST MORENO STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL ROBERSON

MR.

01/28/2009

Electronic Signature of Signing Officer or Director

Date