

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90203 041 ****61.25

DOCUMENT # N02000003297

1. Entity Name
COMMUNITY INFORMATION NETWORK, INC.



Principal Place of Business
**402 W. CERVANTES STREET
PENSACOLA FL 32501**

Mailing Address
**402 W. CERVANTES STREET
PENSACOLA FL 32501**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
03-0384180

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCKENZIE, GERALD
301 N. BARCELONA STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCMILLAN, CLIFFORD | |
| STREET ADDRESS | 10920 TARADAEN CIRCLE | |
| CITY-ST-ZIP | PENSACOLA FL 32534 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DAVENPORT, PAUL | |
| STREET ADDRESS | 16 W. JORDAN STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WATKINS, CAROLYN | |
| STREET ADDRESS | 2700 W. SCOTT STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32505 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JORDAN, CHARMAIN | |
| STREET ADDRESS | 906 LAKE TERRACE | |
| CITY-ST-ZIP | PENSACOLA FL 32505 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCKENZIE, GERALD | |
| STREET ADDRESS | 301 N. BARCELONA STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rose Satter | |
| STREET ADDRESS | 202 E. Yonge St. | |
| CITY-ST-ZIP | Pensacola, Fl. 32503 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robin Woods | |
| STREET ADDRESS | 3427 W. Gonzales St | |
| CITY-ST-ZIP | Pensacola, Fl. 32505 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **04/27/03 (850) 470-9155**

CR2E037 (10/02)