

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90033 026 \*\*\*\*61.25

**DOCUMENT # N02000005384**

1. Entity Name

THE SUGARFOOT COMMUNITY IMPROVEMENT  
ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 90055  
GAINESVILLE FL 32607

Mailing Address

P.O. BOX 90055  
GAINESVILLE FL 32607



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

76-0729393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITING, JENNIFER  
3909 SW 1 AVE  
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Hills Beverly

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

3826 SW 5th Pl.

City

Gainesville

FL

Zip Code

32607

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

*Beverly Hills*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

T ☐ Delete  
NAME STERNS, PATRICIA  
STREET ADDRESS 3848 SW 1ST AVE  
CITY- ST- ZIP GAINESVILLE FL 32607

D ☐ Delete  
NAME CAREY, SARAH D  
STREET ADDRESS 426 SW 40TH TERRACE  
CITY- ST- ZIP GAINESVILLE FL 32607

D ☐ Delete  
NAME WRIGHT, SUSAN  
STREET ADDRESS P.O. BOX 90055  
CITY- ST- ZIP GAINESVILLE FL 32607

☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
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CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Patricia Sterns*

3/12/07

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