

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005384

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** THE SUGARFOOT COMMUNITY IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 90055  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

3826 SW 5TH PLACE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

P.O. BOX 90055  
GAINESVILLE, FL 32607

**New Mailing Address:**

3826 SW 5TH PLACE  
GAINESVILLE, FL 32607

**FEI Number:** 76-0729393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILL, BEVERLY  
3826 SW 5TH PLACE  
GAINESVILLE, FL 32607 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: T ( ) Delete  
Name: STERNS, PATRICIA  
Address: 3848 SW 1ST AVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: P ( ) Delete  
Name: STRICKLAND VIEHE, SHIRLEY  
Address: 38475 W 5TH PL,  
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete  
Name: FULLERTON, MARY  
Address: 265 SW 40TH REV  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: FULLERTON, MARY  
Address: 265 SW 40TH ST  
City-St-Zip: GAINESVILLE, FL 32607

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: BEVERLY HILL

RE

01/16/2009

Electronic Signature of Signing Officer or Director

Date