

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007717

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: CITY OF IMAGINATION, INC.

**Current Principal Place of Business:**

5732 23RD AVE. S.  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5732 23RD AVE. S.  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 20-1417115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAW, MARLENE S  
5732 23RD AVE. S.  
GULFPORT, FL 33707 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: P  
Name: SHAW, MARLENE S  
Address: 5732 RD AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: D  
Name: BEWLEY, DAVID  
Address: 6020 LUANA LANE S  
City-St-Zip: GULFPORT, FL 33707

Title: VP  
Name: SHEPHERD, WILLIAM A  
Address: 6020 LUANA LANE S  
City-St-Zip: GULFPORT, FL 33707

Title: D  
Name: ROYCE, ANDREA  
Address: 2309 49TH ST S  
City-St-Zip: GULFPORT, FL 33707

Title: D  
Name: LAURENCE, KEN  
Address: 3020 51ST ST S  
City-St-Zip: GULFPORT, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: MARLENE SHAW

PRES

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date