

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004359

1. Entity Name
THE TATE COMMUNITY IMPROVEMENT CENTER INC.



Principal Place of Business
13323 N.W. 157TH AVENUE
PO BOX 327
ALACHUA FL 32616

Mailing Address
13323 N.W. 157TH AVENUE
PO BOX 327
ALACHUA FL 32616

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
36-4532155

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TATE, ELIZA B DR.
13323 N.W. 157TH AVENUE
ALACHUA FL 32616

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 _____
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, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TATE, ELIZA B DR. P.O. BOX 327 ALACHUA FL 32616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TATE, CRAIG 5777 OAK LAKE TRAIL OVIEDO FL 32785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENS, DEBORAH PO BOX 1083 ALACHUA FL 32616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKEEVER, GWENDOLYN PO BOX 1732 ALACHUA FL 32616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYES, BELINDA DR. 1197 EAST RESIDENT STREET ALBANY GA 31705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROOKS, NICKIE P.O. BOX 1732 ALACHUA FL 32616 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000476530 04/06/06-80014-021 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *Dr. Eliza B. Tate* / Dr. Eliza B. Tate 3/20/06 / 386-462-2021