

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004359

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: THE TATE COMMUNITY IMPROVEMENT CENTER INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

13323 N.W. 157TH AVENUE  
ALACHUA, FL 32616

## Current Mailing Address:

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

## New Mailing Address:

PO BOX 327  
ALACHUA, FL 32616

FEI Number: 36-4532155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TATE, ELIZA B DR.  
13323 N.W. 157TH AVENUE  
ALACHUA, FL 32616 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: PD ( ) Delete  
Name: TATE, ELIZA B DR.  
Address: P.O. BOX 327  
City-St-Zip: ALACHUA, FL 32616

Title: VD ( ) Delete  
Name: TATE, CRAIG  
Address: 5777 OAK LAKE TRAIL  
City-St-Zip: OVIEDO, FL 32785

Title: SD ( ) Delete  
Name: STEPHENS, DEBORAH  
Address: PO BOX 1083  
City-St-Zip: ALACHUA, FL 32616

Title: TD ( ) Delete  
Name: MCKEEVER, GWENDOLYN  
Address: PO BOX 1732  
City-St-Zip: ALACHUA, FL 32616

Title: D ( ) Delete  
Name: MAYES, BELINDA DR.  
Address: 1197 EAST RESIDENT STREET  
City-St-Zip: ALBANY, GA 31705

Title: CD ( ) Delete  
Name: BROOKS, NICKIE  
Address: P.O. BOX 1732  
City-St-Zip: ALACHUA, FL 32616

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: TATE, CRAIG  
Address: 5777 OAK LAKE TRAIL  
City-St-Zip: OVEIDA, FL 32765

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

Title: TD (X) Change ( ) Addition  
Name: VINSON, ERIC  
Address: 34 NE 21ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D (X) Change ( ) Addition  
Name: MAYES, BELINDA DR.  
Address: 421 SOUTH WESTOVER BLVD  
City-St-Zip: ALBANY, GA 31707

Title: CD (X) Change ( ) Addition  
Name: BROOKS, NICKIE  
Address: P.O. BOX 327  
City-St-Zip: ALACHUA, FL 32616

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: DR. ELIZA B. TATE, PH. D.

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date