

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004359

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** THE TATE COMMUNITY IMPROVEMENT CENTER INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 327  
ALACHUA, FL 32616

**New Mailing Address:**

**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  
Name: TATE, ELIZA B DR.  
Address: P.O. BOX 327  
City-St-Zip: ALACHUA, FL 32616

Title: VD  
Name: TATE, CRAIG  
Address: 5777 OAK LAKE TRAIL  
City-St-Zip: OVEIDA, FL 32765

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

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

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

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

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: DR. ELIZA B. TATE

PD

04/07/2010

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

\_\_\_\_\_  
Date