

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004359

FILED
Apr 25, 2011
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, PH.D.

PD

04/25/2011

Electronic Signature of Signing Officer or Director

Date