2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004
Secretary of State

DOCUMENT# N03000009696

Entity Name: TICE IMPROVEMENT AND COMMUNITY ENHANCEMENT ASSOCIATION, INC.

Current Principal Place of Business:

290 MIRAMAR RD
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

290 MIRAMAR RD
FT MYERS, FL 33905

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, JAMES T
290 MIRAMAR RD
FT MYERS, FL 33905 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:	DP	( ) Delete
Name:	FOWLER, JAMES T	
Address:	244 LAGOON DR	
City-St-Zip:	FT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	BLAIR, LENARD T	
Address:	221 KINGSTON DR	
City-St-Zip:	FT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	STARKS, CHARLES	
Address:	211 KINGSTON DR	
City-St-Zip:	FT MYERS, FL 33905	
Title:	DV	( ) Delete
Name:	YOUNG, CHESTER	
Address:	227 DELRAY AVE	
City-St-Zip:	FT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	KIMBRELL, ROBERT	
Address:	4543 AUBURN AVE	
City-St-Zip:	FT MYERS, FL 33905	
Title:	S	( ) Delete
Name:	DAVIS, BARBARA	
Address:	310 CAROL WAT	
City-St-Zip:	FT MYERS, FL 33905	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES T FOWLER P 02/07/2004

Electronic Signature of Signing Officer or Director — Date