

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009696

FILED  
Apr 23, 2009  
Secretary of State

**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:** 20-0702651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARKS, CHARLES A  
211 KINGSTON DRIVE  
FORT 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: P ( ) 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: DT ( ) Delete  
Name: STARKS, CHARLES  
Address: 211 KINGSTON DR  
City-St-Zip: FT MYERS, FL 33905

Title: DS ( ) Delete  
Name: YOUNG, CHESTER  
Address: 227 DELRAY AVE  
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) 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:

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: CHARLES A STARKS

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

Date