

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 22 AM 11:20**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N35119 (9)**

1. Corporation Name  
**COMMUNITY INITIATIVES, INC.**

Principal Place of Business: **7507 BEACH BOULEVARD JACKSONVILLE FL 32216 US**

Mailing Address: **P.O. BOX 16908 JACKSONVILLE FL 32245 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1989**

3a. Date of Last Report: **04/20/1994**

4. FEI Number: **59-2991170**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Zip

9. Name and Address of Current Registered Agent

**WEAVER, SANDRA L  
 7507 BEACH BOULEVARD  
 JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81. Name: **Patricia I. Hannan**

82. Street Address (P.O. Box Number is Not Acceptable): **7507 Beach Boulevard**

83. City: **Jacksonville**

84. State: **FL**

85. Zip Code: **32216**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Patricia I. Hannan* **Patricia I. Hannan** **FEB 16, 1995**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BOGGS, JUDY</b>
STREET ADDRESS	<b>3710 RICHMOND STREET</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>SPENCE, ISABELLE</b>
STREET ADDRESS	<b>1812 ATLANTIC BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>PD</b>
NAME	<b>GAILLARD, JACK</b>
STREET ADDRESS	<b>5411 ORTEGA BLVD #1</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>MORRIS WALTER</b>
STREET ADDRESS	<b>1610 BARRS STREET</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>KRESTUL, NATHAN</b>
STREET ADDRESS	<b>231 EAST FORSYTH #400</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b>
NAME	<b>CHASSMAN, PEG</b>
STREET ADDRESS	<b>9361 BEAUCLERC WOODS LN N.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Morris, Walter</b>	
1.3 STREET ADDRESS	<b>1610 Barrs Street</b>	
1.4 CITY - ST - ZIP	<b>Jacksonville, FL 32202</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Spence, Isabelle</b>	
2.3 STREET ADDRESS	<b>1812 Atlantic Blvd</b>	
2.4 CITY - ST - ZIP	<b>Jacksonville, FL</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gaillard, John</b>	
3.3 STREET ADDRESS	<b>5411 Ortega Blvd #1</b>	
3.4 CITY - ST - ZIP	<b>Jacksonville, FL 32210</b>	
4.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Franklin, John</b>	
4.3 STREET ADDRESS	<b>3129 Gulf Life Drive #2529</b>	
4.4 CITY - ST - ZIP	<b>Jacksonville, FL 32207</b>	
5.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Werner, Mark</b>	
5.3 STREET ADDRESS	<b>9250 Cypress Green Drive # 104</b>	
5.4 CITY - ST - ZIP	<b>Jacksonville, FL 32256</b>	
6.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Chassman, Peg</b>	
6.3 STREET ADDRESS	<b>9361 Beauclerc Woods Lane N</b>	
6.4 CITY - ST - ZIP	<b>Jacksonville, FL 32257</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(d)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Peg Chassman* **Peg Chassman** **FEB 15, 1995** **731-4370**

(Name) (Typed Name #)