FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N35119

1. Corporation Name

COMMUNITY INITIATIVES, INC.

Principal Place of Busines								
7507 BEACH BOULEVARD JACKSONVILLE FL 32216								
US								

2. Principal Place of Business

Mailing Address

P.O. BOX 16908 JACKSONVILLE FL 32245

2a. Mailing Address

US

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90001 010 ****61.25

 	8:6: 4:6: 8:6: 8:6: 5:45

Date Incorporated or Qualifed

21	i moipui i	opar ridge of Eddings			26				11/02/1989					
	Suite, Apt.	e, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number Applied For				plied For	
22	, ,	27		•			59-2991	1170		No	t Applicable			
	City & State City & State			ate		-5Certificate of Status Desired - \$8.			\$8.75 A					
23								-5Certicate	Of Status Desired	<u> </u>	Fee Re	quired		
	Zip		Country		Zip Cour				[6. Election C	ampaign Financin	¹⁹ \square	\$5.00	May Be
24			25	29 30			0			Trust Fun	d Contribution		Added t	o Fees
		9. Name	and Address of Curre	ent Regis	stered Age	nt				10. Name an	d Address of Nev	v Registered	Agent	
							81	Nam	10					
	HANNAN.	PATRICIA	[82	Stree	et Addres	s (P.O. Box Nu	ımber is Not Acce	ptable)		
	7507 BEA		•							• (·		
	#2700						83							
		VILLE FL 3	2216				84	City					85 Zip C	Code
	0/10/100/1		LL 10				0-4	City				FL	_	
11	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered													
	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Honda Statutes, the above-hamed corporation submits this statement for the pulpose of changing is 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 617.0503, Florida Statutes.													
		The second secon	con a final		aura	,						412	7/26	1
51	GNATURE	Signature, lyped	or printed name of registered as			(NOTE: Re	egistered Agen	t signatui	ire required w	hen reinstating)		DATE		
12			OFFICERS A	ND DIRE			13.	•		ADDITION	S/CHANGES TO	OFFICERS A		
IΠ	Æ	D				DELETE	1.1 TITLE						Change	☐ Addition
NAA	Æ .	WERNER,	Mark				1.2 NAME			_		to ho		
STR	STREET ADDRESS 8917 W. WESTERN WAY, #7			1.3 STREET	ADDRES	ss \8 3	35-A .	North 3	. ~ 7/		1			
CIT	/-ST-ZIP	JACKSON	IVILLE FL				1.4 CITY-S	-ZIP	Jac	LSONUL	He Beach Director	NFL	<u> 3225</u>	0
тπ	.E	VPD				DELETE	2.1 TTLE		ano	ident?	Director	•	Change	☐ Addition
NAM	AE,	JOHNSON	n, Henry				2.2 NAME		1,,,	,,				
STR	EET ADDRESS	9140 PAIS	SLEY COURT				2.3 STREET	ADDRES	ss					
СП	Y-ST-ZIP	JACKSON	IVILLE FL				2.4 CITY-S	T-ZIP						
тп	.E	VPD				DELETE	3.1 TITLE						Change	Addition
NAN	Æ	GABRIEL,	BRAUN				3.2 NAME							
STR	EET ADDRESS	11263 LA	KE MANDARIN CIR.	E.			3.3 STREET	ADDRES	ss					
CIT	Y-ST-ZIP	JACKSON	IVILLE FL				3.4. CITY-S	T-ZIP						
TITL	E	TD		· · · · ·		DELETE	4.1 TITLE						Change	☐ Addition
NAN	Æ.	FRANKLIN	i, John				4. 2 NAME							
STR	EET ADDRESS	3129 GUL	F LIFE DRIVE #252	9			4.3 STREET	ADDRES	ss					
ÇIT	Y-ST-ZIP	JACKSON	MLLE FL				4.4 CITY-ST	-ZIP				444	×2	
TITL	E	SD				DELETE	5.1 TITLE		Se	cond N	ice Pres	#Clem	Change	Addition
NAA	Æ .	WOOD, K	ELLY				5.2 NAME			Dire	NOKA			
STF	REET ADDRESS	1350 BEL	vedere ave				5.3 STREET	ADDRES						
СІТ	Y-ST-ZIP	JACKSON	IVILLE FL 32205				5.4 CITY-S	-ZIP						
TITL	Æ	PD			5	4 DELETE	6.1 TITLE		Lu	nda P	bengent,	convol	Change /	Ø Addition
NA	Æ ··	CHASSMA	AN, PEG				6.2 NAME		ٔ برا	·		2 A 120 C	~~210°	" SOLON
STR	EET ADDRESS		UCLERC WOODS L	N N.			6.3 STREET	ADDRES	ss <u>ব</u> ৈচ	oo Inde	tusansq	= gucult	_	
CIT	Y-ST-ZIP	JACKSON					6.4 CITY-S	r-ZIP	Sa	inoex	ille FL	_ 32	2202	***

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNAGOFFICER OF DIRECTOR JOHNS STINT 3 18 99 (904) 634-054.

CR2F037 (11/98)