FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000291 (5)

1. Corporation Name
COMMUNITY INTERVENTION AND RESEARCH CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1509 METROPOLITAN BLVD.~~ ~~SUITE 10-B~~ ~~TALLAHASSEE FL 32308~~	~~1509 METROPOLITAN BLVD.~~ ~~SUITE 10-B~~ ~~TALLAHASSEE FL 32308~~

3. Date Incorporated or Qualified: 01/22/1993
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-3160048 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1859 Capital Circle, N.E.	26 1859 Capital Circle, N.E.
Suite, Apt. #, etc. 22 A	Suite, Apt. #, etc. 27 A
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / County 24 32308 / 25	Zip / County 29 32308 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PATRICK, JAMES N~~ ~~1509 METROPOLITAN BLVD.~~ ~~SUITE 10-B~~ ~~TALLAHASSEE FL 32308~~	91 Name: James N. Patrick 92 Street Address (P.O. Box Number is Not Acceptable): ~~1859 Capital Circle, N.E.~~, Suite A 93 94 City: Tallahassee FL 95 Zip Code: 32308

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: [signature] 7/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	~~PATRICK, JAMES N~~	12 NAME	James N. Patrick	
STREET ADDRESS	~~1509 METROPOLITAN BLVD.~~	13 STREET ADDRESS	1859 Capital Circle, N.E., Suite A	
CITY-ST-ZIP	~~TALLAHASSEE FL~~	14 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	21 TITLE	D/VP	☒ Change ☐ Addition
NAME	~~BURKHEAD, CHUCK~~	22 NAME	Charles E. Burkhead	
STREET ADDRESS	~~1509 METROPOLITAN BLVD.~~	23 STREET ADDRESS	1859 Capital Circle, N.E., Suite A	
CITY-ST-ZIP	~~TALLAHASSEE FL~~	24 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	31 TITLE	D/S	☒ Change ☐ Addition
NAME	~~BURKHEAD, E. J~~	32 NAME	Evelyn J. Burkhead	
STREET ADDRESS	~~1509 METROPOLITAN BLVD.~~	33 STREET ADDRESS	1859 Capital Circle, N.E., Suite A	
CITY-ST-ZIP	~~TALLAHASSEE FL~~	34 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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.

SIGNATURE: [signature] 7/25/95 (904) 656-1446
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002266