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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003424

1. Corporation Name

COMMUNITY INCLUSION FACILITATION, INC.

Principal Place of Business

4915 CARADOC CIRCLE
TITUSVILLE FL 32796
US

Mailing Address

PO BOX 202
MIMS FL 32754
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/28/1993

4. FEI Number

59-3193699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WATTS, KATHLEEN
510 ELEANOR ST
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32953

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 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.

SIGNATURE *Kathleen N. Watts*
Signature, typed or printed name of registered agent and title if applicable.

KATHLEEN N. WATTS
(NOTE: Registered Agent signature required when reinstating)

DIRECTOR
DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HUSSON, ARLENE
STREET ADDRESS 4915 CARADOC CIRCLE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D ☒ DELETE

NAME RICH, MERRILL
STREET ADDRESS 4030 WINTER TERRACE
CITY-ST-ZIP TITUSVILLE FL

TITLE SD ☐ DELETE

NAME ZOLLER, KAREN E.
STREET ADDRESS 4255 DIXIE WAY
CITY-ST-ZIP MIMS FL 32754

TITLE TD ☐ DELETE

NAME WATTS, KATHLEEN N.
STREET ADDRESS 510 ELEANOR ST
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

325 THIRD STREET
MERRITT ISL, FL 32953

14. 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: *KATHLEEN N. WATTS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date Daytime Phone # 407-459-1788

CR2E037 (11/98)