

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003424

FILED  
Mar 13, 2005  
Secretary of State

**Entity Name:** COMMUNITY INCLUSION FACILITATION, INC.

**Current Principal Place of Business:**

4915 CARODOC CIRCLE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 202  
MIMS, FL 32754 US

**New Mailing Address:**

325 3RD STREET  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 59-3193699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATTS, KATHLEEN  
325 3RD ST  
MERRITT ISLAND, FL 32953 US

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

WATTS, KATHLEEN N  
325 3RD ST  
MERRITT ISLAND, FL 32953 US

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: KATHLEEN N WATTS

03/13/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUSSON, ARLENE,  
Address: 4915 CARODOC CIRCLE  
City-St-Zip: TITUSVILLE, FL 32796

Title: SD ( ) Delete  
Name: ZOLLER, KAREN E.,  
Address: 4255 DIXIE WAY  
City-St-Zip: MIMS, FL 32754

Title: TD ( ) Delete  
Name: WATTS, KATHLEEN N.  
Address: 325 3RD ST  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HUSSON, ARLENE  
Address: 4915 CARODOC CIRCLE  
City-St-Zip: TITUSVILLE, FL 32796

Title: SD (X) Change ( ) Addition  
Name: ZOLLER, KAREN E  
Address: 4255 DIXIE WAY  
City-St-Zip: MIMS, FL 32754

Title: TD (X) Change ( ) Addition  
Name: WATTS, KATHLEEN N  
Address: 325 3RD ST  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN N WATTS

TD

03/13/2005

Electronic Signature of Signing Officer or Director

Date