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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N93000004432 (1)**

1. Corporation Name
COMMUNITY INTERVENTION CENTER, INC.

Principal Place of Business	Mailing Address
216 E OAKLAND AVE STE #3 TALLAHASSEE FL 32301	216 E OAKLAND AVE STE #3 TALLAHASSEE FL 32301-4472

3. Date Incorporated or Qualified: **09/30/1993**
3a. Date of Last Report: **06/13/1996**

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 | 5
City & State
23 |
Zip | 24 |
Country | 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 | 5
City & State
28 |
Zip | 29 |
Country | 30 |

4. FEI Number: **59-3169813** ☐ Applied For ☐ Not Applicable

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

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

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

9. **Name and Address of Current Registered Agent**

LLOYD, DEBORAH
216 E OAKLAND AVE
STE #3
TALLAHASSEE FL 32301

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LLOYD, DEBORAH		1.2 NAME	Dr Caré Dozier Henry	
STREET ADDRESS	4126 WIGGINGTON ROAD		1.3 STREET ADDRESS	8145 Park Ridge Dr	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	TD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ALEXANDER, RAY		2.2 NAME	Shelia Adkins	
STREET ADDRESS	4518 ANDREW JACKSON WAY		2.3 STREET ADDRESS	6457 Needlee Trail	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	PCD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HIGGINS, WINNIFRED ✓		3.2 NAME		
STREET ADDRESS	2478 PALETRIGER CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PEACOCK, FRED ✓		4.2 NAME	Peacock, Fred	
STREET ADDRESS	603 FULTON ROAD		4.3 STREET ADDRESS	618 N. Copeland St	
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COOK, JAMIE DR.		5.2 NAME		
STREET ADDRESS	1514 S MAGNOLIA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FIELDS, AMIKA DR. ✓		6.2 NAME		
STREET ADDRESS	3601 W MORLAND DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: Deborah V. Lloyd Deborah V. Lloyd 3/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 0007977