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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004432 (1)**

1. Corporation Name

**COMMUNITY INTERVENTION CENTER, INC.**



Principal Place of Business <b>216 E OAKLAND AVE SUITE 5 TALLAHASSEE FL 32301 US</b>	Mailing Address <b>216 E OAKLAND AVE SUITE 5 TALLAHASSEE FL 32301 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>09/30/1993</b>	
4. FEI Number <b>59-3169813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LLOYD, DEBORAH 216 E OAKLAND AVE STE #3 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>800002553218-5</b> <b>-06/09/98-01072-012</b> <b>84</b> City <b>*****70-25</b> <b>FL</b> <b>Zip 32301-25</b>
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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 <input type="checkbox"/> DELETE NAME <b>D LLOYD, DEBORAH</b> STREET ADDRESS <b>4126 WIGGINGTON ROAD</b> CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>D HENRY, DOZIER C DR.</b> STREET ADDRESS <b>3145 PARK RIDGE DR.</b> CITY-ST-ZIP <b>TALLAHASSEE FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>PCD HIGGINS, WINNIFRED</b> STREET ADDRESS <b>2478 PALETRIGER CT</b> CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>D PEACOCK, FRED</b> STREET ADDRESS <b>603 FULTON ROAD</b> CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>D ADKINS, SHELIA</b> STREET ADDRESS <b>6451 NEEDLES TRAIL</b> CITY-ST-ZIP <b>TALLAHASSEE FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>D FIELDS, AMIKA DR.</b> STREET ADDRESS <b>3801 W MORLAND DR</b> CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 Lloyd* 5/27/98

CR2E037 (10/97)