

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90006 035 \*\*\*\*61.25

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DOCUMENT # N93000004432

1. Corporation Name

COMMUNITY INTERVENTION CENTER, INC.

Principal Place of Business

216 E OAKLAND AVE  
SUITE 5  
TALLAHASSEE FL 32301  
US

Mailing Address

216 E OAKLAND AVE  
SUITE 5  
TALLAHASSEE FL 32301  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

59-3169813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LLOYD, DEBORAH  
STREET ADDRESS 4126 WIGGINGTON ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ DELETE

NAME HENRY, DOZIER C DR.  
STREET ADDRESS 3145 PARK RIDGE DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE PCD ☐ DELETE

NAME HIGGINS, WINNIFRED  
STREET ADDRESS 2478 PALETRIGER CT  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE

NAME PEACOCK, FRED  
STREET ADDRESS 603 FULTON ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE

NAME ADKINS, SHELIA  
STREET ADDRESS 6451 NEEDLES TRAIL  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME FIELDS, AMIKA DR.  
STREET ADDRESS 3601 W MORLAND DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

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: *Del...* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 (850) 222-3508

Date

Daytime Phone #

CR2E037 (11/98)