

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90062 003 \*\*\*\*61.25

**DOCUMENT # N93000004432**

1. Entity Name  
**COMMUNITY INTERVENTION CENTER, INC.**



Principal Place of Business  
**345 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**345 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 US**

**44005848**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3169813**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAILEY, MICHAEL G  
345 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael G. Railey / Michael G. Railey*

**1/9/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **RAILEY, MICHAEL G DR**  
STREET ADDRESS **4056 ROSCREA DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **D** ☐ Change ☒ Addition  
NAME **MONTGOMERY, EVERETT CPA**  
STREET ADDRESS **POST OFFICE BOX 623**  
CITY-ST-ZIP **THOMASVILLE GA 31799**

TITLE **C** ☐ Delete  
NAME **HEGGINS, WINIFRED**  
STREET ADDRESS **2478 PALE TIGER COURT**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **J** ☐ Change ☒ Addition  
NAME **SMITH, MICHAEL**  
STREET ADDRESS **410 DUPONT DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☐ Delete  
NAME **PEACOCK, FRED**  
STREET ADDRESS **603 FULTON ROAD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **S** ☒ Change ☐ Addition  
NAME **Fields, Anika, Ph.D.**  
STREET ADDRESS **3601 Westmorland Drive**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ Delete  
NAME **ADKINS, SHELIA**  
STREET ADDRESS **4770 LANCASHURE LANE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **D** ☐ Delete  
NAME **FIELDS, ANIKA DR.**  
STREET ADDRESS **3601 WESTMORLAND DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **D** ☐ Delete  
NAME **MILES, LINDA**  
STREET ADDRESS **4940 E. SHANNON LAKES DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Michael G. Railey / Michael G. Railey* **1/9/04** **(850) 222-3508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #