

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90161 029 \*\*\*\*70.00

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3169813

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name MORRIS, SHARON L.  
Street Address (P.O. Box Number is Not Acceptable)  
1502-D PULLEN RD  
TALLAHASSEE  
City FL Zip Code 32303

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 Sharon L. Morris SHARON L. MORRIS 4/1/2005  
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, 2005**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAILEY, MICHAEL G DR	
STREET ADDRESS	4056 ROSCREA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	C	<input type="checkbox"/> Delete
NAME	HEGGINS, WINIFRED	
STREET ADDRESS	2478 PALE TIGER COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIELDS, ANIKA PHD	
STREET ADDRESS	3601 WESTMORTAN DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADKINS, SHELIA	
STREET ADDRESS	4770 LANCASHURE LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, ANIKA DR.	
STREET ADDRESS	3601 WESTMORLAND DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILES, LINDA	
STREET ADDRESS	4940 E. SHANNON LAKES DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, SHARON L.	
STREET ADDRESS	1502-D PULLEN RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, EVERETT CPA	
STREET ADDRESS	POST OFFICE BOX 623	
CITY-ST-ZIP	THOMASVILLE, GA 31779	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MICHAEL	
STREET ADDRESS	410 DUPONT DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, ANIKA, PHD.	
STREET ADDRESS	3601 WESTMORLAND DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sharon L. Morris SHARON L. MORRIS 4/1/2005 (850) 222-3508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #