


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90155 042 \*\*\*\*61.25

<b>DOCUMENT # N93000004432</b> 1. Entity Name <b>COMMUNITY INTERVENTION CENTER, INC.</b>					
Principal Place of Business <b>345 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>345 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3169813</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>MORRIS, SHARON L 1502 D PULLEN RD TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name <b>SHARON L. MORRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4460 COOL EMERALD DR.</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32303</b>	
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 <u><i>Sharon L. Morris</i></u> <span style="float: right;">1/23/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRIS, SHARON L 1502 D PULLEN R D TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, MICHAEL 410 DUPONT DR. TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HEGGINS, WINIFRED 2478 PALE TIGER COURT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEACOCK, FRED P.O. BOX 708 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FIELDS, ANIKA PHD 3601 WESTMORTAN DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FIELDS, ANIKA PHD 3601 WEST MORELAND DR TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIELDS, ANIKA DR. 3601 WESTMORLAND DRIVE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILES, LINDA 4940 E. SHANNON LAKES DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Sharon L. Morris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/23/06 (850) 222-3508 <small>Date Daytime Phone #</small>	