

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004432

FILED
Mar 05, 2008
Secretary of State

Entity Name: COMMUNITY INTERVENTION CENTER, INC.

Current Principal Place of Business:

345 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

345 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3169813 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORRIS, SHARON L
4460 COOL EMERALD DR
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, SHARON L
Address: 1502 D PULLEN R D
City-St-Zip: TALLAHASSEE, FL 32303

Title: C () Delete
Name: HEGGINS, WINIFRED
Address: 2478 PALE TIGER COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: FIELDS, ANIKA PHD
Address: 3601 WESTMORTAN DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: SMITH, MICHAEL
Address: 410 DUPONT DR
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: PEACOCK, FRED
Address: PO BOX 708
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: MILES, LINDA
Address: 4940 E. SHANNON LAKES DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, SHARON L
Address: 4460 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MORRIS

ED

03/05/2008

Electronic Signature of Signing Officer or Director

Date