2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N93000004432

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:	4460 COOL EMERALD DRIVE	
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:	( ) 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:	
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 L MORRIS DIR 03/03/2009

Electronic Signature of Signing Officer or Director — Date