

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004432

FILED  
Sep 08, 2010  
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:**

1353 B CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

345 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

1353 B CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

**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:**

MORRIS, SHARON L  
1353 B CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

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: SHARON MORRIS

09/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORRIS, SHARON L  
Address: 1353 B CROSS CREEK CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON MORRIS

DIR

09/08/2010

Electronic Signature of Signing Officer or Director

Date