

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000004432

FILED
Apr 17, 2012
Secretary of State

Entity Name: COMMUNITY INTERVENTION CENTER, INC.

Current Principal Place of Business:

1353 B CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1353 B CROSS CREEK CIRCLE
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
1353 B CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 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: SHARON MORRIS

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

MS.

04/17/2012

Electronic Signature of Signing Officer or Director

Date