

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90503 014 ****61.25

DOCUMENT # N93000004432

1. Entity Name

COMMUNITY INTERVENTION CENTER, INC.



Principal Place of Business

**345 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301
US**

Mailing Address

**345 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3169813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RAILEY, MICHAEL G
345 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P RAILEY, MICHAEL G DR	<input type="checkbox"/> Delete
STREET ADDRESS	4056 ROSCREA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE NAME	C HEGGINS, WINIFRED	<input type="checkbox"/> Delete
STREET ADDRESS	2478 PALE TIGER COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE NAME	D PEACOCK, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	603 FULTON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	D ADKINS, SHELIA	<input type="checkbox"/> Delete
STREET ADDRESS	4770 LANCASHURE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE NAME	D FIELDS, ANIKA DR.	<input type="checkbox"/> Delete
STREET ADDRESS	3601 WESTMORLAND DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Miles, Linda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4940 E. Shannon Lakes Dr.	
CITY-ST-ZIP	Tallahassee FL 32309	
TITLE NAME	D Montgomery, Everett CPA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Post Office Box 623	
CITY-ST-ZIP	Thomasville GA 31799	
TITLE NAME	T Smith, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	410 Dupont Drive	
CITY-ST-ZIP	Tallahassee FL 32310	
TITLE NAME	S Fields, Anika Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3601 Westmorland Drive	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
DECLARED

2/28/03 (850) 200-3508

CR2E037 (10/02)