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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002695 (3)**
1. Corporation Name

COMMUNITY IMPROVEMENT ASSOCIATION, INCORPORATED

Principal Place of Business

**4407 HARVE WAY
PENSACOLA FL 32505**

Mailing Address

**4407 HARVE WAY
PENSACOLA FL 32505**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/09/1995

4. FEI Number

59-9331733

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKETT, RACHEL
4407 HARVE WAY
PENSACOLA FL 32505**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Rachel Burkett

(NOTE: Registered Agent signature required when reinstating)

4-30-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **LOVSTROM, ARTHUR N**
STREET ADDRESS **4473 ROCHELLE DR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **J** ☒ DELETE

NAME **JAEQUEZ, RUBEN**
STREET ADDRESS **4517 ST. NAZAIRE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **Director / Sec.** ☐ DELETE

NAME **BURKETT, RACHEL**
STREET ADDRESS **4407 HARVE WAY**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **Office Pres.** ☐ DELETE

NAME **JAEQUEZ, DELL**
STREET ADDRESS **4517 ST. NAZAIRE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **J** ☒ DELETE

NAME **SANDERS, CLIFFORD**
STREET ADDRESS **1221 RIO GRANDE CR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **JORAN LOVESTROM**
STREET ADDRESS **4473 ROCHELLE DR**
CITY-ST-ZIP **PENSACOLA, FL. 32505**

2.1 TITLE **Director** ☒ Change ☐ Addition

NAME **EL DORA SCOTT**
STREET ADDRESS **4508 HARVE WAY**
CITY-ST-ZIP **PENSACOLA, FL. 32505**

3.1 TITLE ☐ Change ☒ Addition

NAME **ROBERT BURKETT**
STREET ADDRESS **4407 HARVE WAY**
CITY-ST-ZIP **PENSACOLA, FL. 32505**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Rachel Burkett

4-30-98

CR2E037 (10/97)