SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500002695

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

## FILED Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90001 024 \*\*\*\*61.25

\* 6 6885318-90501-34



2.	Principal Pla	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21	26					06/09/1995		
	Suite, Apt. #, etc Suite, Apt. #, etc.					4. FEI Number Applied For S9-3331733 Not Applicable		
22	27							
23	City & State City & State					5. Certifcate of Status Desired		
	Zip					6. Election Campaign Financing S5.00 May Be		
24	•	25	29 30	ภิ		Trust Fund Contribution Added to Fees		
<u> </u>	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
					81 Name			
	BURKETT, RACHEL				82: Street Address (P.O. Box Number is Not Acceptable)			
	4407 HARVE WAY				82 Street Address (P.O. Box Nothber is Not Acceptable)			
	PENSACOLA FL 32505				83			
	PENSAUOLA FL 32303							
				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    Signature byond or printed name of registered event and title if spolicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
		Signature, typed or printed name of registered agent a OFFICERS AND		13.	it signatur <del>a</del> requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12		P OFFICERS AND	DELETE	1.1 TITLE		DR . Side Not , Change PAddition		
TITL		LOVSTROM, ARTHUR N	E occis	1.2 NAME	1.7	RONALD D. Yoho		
NAN		4473 ROCHELLE DR.				903 Lu CERNE AVE		
	EET ADDRESS				ADDRESS .	PENSA COLA, FL. 32505		
_	Y-ST-ZIP	PENSACOLA FL	DELETE	1.4 CITY-5	T-ZIP •	TENSACOCA, FE. SOCIONALE PANDICION		
TITL	£	1 OUTOTOALA 10 ALBI	Manerele	2.1 TITLE		LISA YO AB (DECKEIMI) " "		
NAN	Æ	LOVESTRAM, JOANN		2.2 NAME		903 Lucerne Ave		
STR	EET ADDRESS	4473 ROCHELLE DR	*		ADDRESS	PENSACOLA, FL. 32505		
CIT	Y-ST-ZIP	PENSACOLA FL 32505		2. 4 CITY-5	IT-ZIP	TENSACOLA, I C. SASOS		
TITL	E	TS	☐ DELETÉ	3.1 TITLE	2	Sqt AT ARMS Change Addition		
NAN	Æ )	BURKETT, RACHEL		3.2 NAME	1 /	Woody HOLLAND		
STR	EET ADDRESS	4407 HARVE WAY		3.3 STREE	TADDRESS	Woody HOLLANd 4519 Cherlaine		
CIT	Y-ST-ZIP	PENSACOLA FL		3.4. CITY-9	T-ZIP	PENSA COCA, FC. DADA		
TIπ	E	VP	☐ DELETÉ	4.1 TITLE	4	BOARd Member Change CAddition		
NAN	Æ	Jaquez, Dell		4. 2 NAME	<i> </i>	CRAN LUND guist.		
STR	EET ADDRESS	4517 ST. NAZAIRE		4.3 STREE	ADDRESS 4	1412 Denuville way		
ÇIT	Y-ST-ZIP	PENSACOLA FL		4.4 CITY-S	T-ZIP	PENSACOLA, FL. 22303		
חוו	.E	T	☐ DELETE	5.1 TITLE		3Rd. Membek Change Addition		
NAM	AE	Burkett, Robert		5.2 NAME	١,			
STR	EET ADDRESS	4407 HAVRE WAY		5.3 STREE	ADORESS	1516 ChARMONTE WAY		
cm	Y-ST-ZIP	PENSACOLA FL 32505		5.4 CITY-S		YONNA JONES 1516 CHARMONTE WAY YENSACOAN FL. 32525		
TITL		D	☐ DELETE	6.1 TITLE	7.	2 n d d d d Change		
NAN	AE .	SCOTT, ELDORA		6.2 NAME	1	VIRGINIA TOSEY 4509 VERSAILLE DR.		
STR	EET ADDRESS	4508 HAVRE WAY		6.3 STREE	ADDRESS	1509 VERSAILLEDE.		
	Y-ST-ZIP	PENSACOLA FL 32505		6.4 C/TY-S	T-ZIP	PENSACOLA, FL. 32525		

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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-434-5514

Daytime Phone

R2E037 (5/99)

Addition - 59-3331733

BRd. Member MARY FOREHAND 714 Bel-AIR RD PENSACOLA, FL. 32505

Add, Tion

BRI Member GREGORY CLARK 4505 GUERLAIN WAY PENSACOLA, FL. 33525

AddiTiON

BRd member ANN Lemoine 4501 Ver Spilles Dr. Pensacola, Fl. 32505

Add; Tion