

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002695

1. Entity Name
**COMMUNITY IMPROVEMENT ASSOCIATION,
INCORPORATED**



Principal Place of Business
**4407 HARVE WAY
PENSACOLA, FL 32505-3021 US**

Mailing Address
**4407 HARVE WAY
PENSACOLA, FL 32505-3021 US**



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3331733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARKE, GREGORY V MR
4505 GUERLAIN WAY
PENSACOLA, FL 32505**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DAILEY, TRACIE R MS 4418 MONPELLIER DR PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, CLIFFORD MR 4402 CHANTILLY WAY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CROWDUS, RACHEL M MS 4407 HARVE WAY PENSACOLA, FL 325053021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MILLER, JAYNA MRS 4510 CHERBOURG WAY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FRYE, TERESA MS 4506 LE MANS WAY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RILEY, PERRY MR 1400 BELAIR RD PENSACOLA, FL 32505

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05/06/06-80016-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rachel M. Crowdus **RACHEL M. CROWDUS** 04/11/06 850-432-6577