2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002695

FILED Apr 30, 2008 Secretary of State

Entity Name: COMMUNITY IMPROVEMENT ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4407 HARVE WAY PENSACOLA, FL 325053021 US **Current Mailing Address: New Mailing Address:** 4407 HARVE WAY PENSACOLA, FL 325053021 US FEI Number: 59-3331733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARKE, GREGORY V MR CROWDUS, RACHEL M 4505 GUERLAIN WAY 4407 HAVRÉ WAY PENSACOLA, FL 32505 PENSACOLA, FL 325053021 US US 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: RACHEL M CROWDUS 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, TERESSA Name: Name: 906 MONTCLAIR RD Address: Address: City-St-Zip: PENSACOLA, FL 32506 US City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, DHAITI Name: Name: Address: 844 LE BLANC WAY Address: City-St-Zip: PENSACOLA, FL 32505 US City-St-Zip: Title: **TRES** () Delete Title: () Change () Addition CROWDUS, RACHEL M MS Name: Name: Address: 4407 HARVE WAY Address: City-St-Zip: PENSACOLA, FL 325053021 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: EVANS, YVETTE Name: 1101 MEDFORD AVE Address: Address: City-St-Zip: PENSACOLA, FL 32506 US City-St-Zip: Title: () Delete Title: () Change () Addition GREGORY, CLARKE Name: Name: 5206 CLIFTON AVE Address: Address: City-St-Zip: PENSACOLA, FL 32505 US City-St-Zip: Title: () Delete Title: () Change () Addition LEMKE. STEVE Name: Name: Address: 4614 MARSELLE DR. Address: PENSACOLA, FL 32505 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RACHEL M CROWDUS TRES 04/30/2008