

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002695

FILED
Apr 27, 2009
Secretary of State

Entity Name: COMMUNITY IMPROVEMENT ASSOCIATION, INCORPORATED

Current Principal Place of Business:

4407 HARVE WAY
PENSACOLA, FL 325053021 US

New Principal Place of Business:

Current Mailing Address:

4407 HARVE WAY
PENSACOLA, FL 325053021 US

New Mailing Address:

FEI Number: 59-3331733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWDUS, RACHEL M
4407 HAVRE WAY
PENSACOLA, FL 325053021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, TERESSA
Address: 906 MONTCLAIR RD
City-St-Zip: PENSACOLA, FL 32506 US

Title: V () Delete
Name: SMITH, DHAITI
Address: 844 LE BLANC WAY
City-St-Zip: PENSACOLA, FL 32505 US

Title: TRES () Delete
Name: CROWDUS, RACHEL M MS
Address: 4407 HARVE WAY
City-St-Zip: PENSACOLA, FL 325053021 US

Title: S () Delete
Name: EVANS, YVETTE
Address: 1101 MEDFORD AVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: D () Delete
Name: GREGORY, CLARKE
Address: 5206 CLIFTON AVE
City-St-Zip: PENSACOLA, FL 32505 US

Title: D () Delete
Name: LEMKE, STEVE
Address: 4614 MARSELLE DR.
City-St-Zip: PENSACOLA, FL 32505 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

04/27/2009

Electronic Signature of Signing Officer or Director

Date