

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90202 038 \*\*\*\*61.25

**DOCUMENT # N95000002695**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3331733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CLARK, GREGORY V.  
4505 GUERLAIN WAY  
PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, GREGORY V SR</b>	
STREET ADDRESS	<b>4505 GUERLAIN WAY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, BETTY</b>	
STREET ADDRESS	<b>915 MONTCLAIR RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>CROWOUS, RACHEL M</b>	
STREET ADDRESS	<b>4407 HARVE WAY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>BMD</b>	<input type="checkbox"/> Delete
NAME	<b>LUNDQUIST, FRANCES</b>	
STREET ADDRESS	<b>4412 DEAUVILLE WAY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>BMD</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, RENEE</b>	
STREET ADDRESS	<b>4530 GUERLAIN WAY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>BMD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, YVONNE</b>	
STREET ADDRESS	<b>4516 CHARMOTTE WY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TS CROWDUS NOT CROWOUS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Gregory V. Clark* **REQUIRED**

4-28-03

CR2E037 (10/02)