

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90033 032 ****70.00

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1. Entity Name
COMMUNITY INCLUSION ENTERPRISES, INC.



Principal Place of Business
**3459 DEPEW AVE.
PT. CHARLOTTE, FL 33952 US**

Mailing Address
**3459 DEPEW AVE
PT. CHARLOTTE, FL 33952 US**

DO NOT WRITE IN THIS SPACE



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0624568

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, DONNA V
8330 ALAN BLVD
PUNTA GORDA, FL 33982**

**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)

7-8-08

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAYLOR, DONNA V
STREET ADDRESS	8330 ALAN BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	D
NAME	GORDON, KELLI C <i>Remove</i>
STREET ADDRESS	3459 DEPEW AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	<i>Hayward, Kimberly</i>
STREET ADDRESS	<i>13671 Foresman Blvd</i>
CITY-ST-ZIP	<i>Port Charlotte FL, 33981</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

7-8-08