

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000087248

1. Entity Name
COMMUNITY INVESTMENT CENTERS, INC.



Principal Place of Business

270 S. TAMiami TRAIL
VENICE, FL 34285

Mailing Address

270 S. TAMiami TRAIL
VENICE, FL 34285



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0539323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, WILLIAM R JR.
270 S. TAMiami TRAIL
VENICE, FL 34285

**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 fee if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

William R. White, Jr. 4/14/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WHITE, WILLIAM R JR.
STREET ADDRESS 270 TAMiami TRAIL
CITY-ST-ZIP VENICE, FL

TITLE VT
NAME LUCK, JAMES S
STREET ADDRESS 270 S. TAMiami TRAIL
CITY-ST-ZIP VENICE, FL

TITLE D
NAME BALDINGER, ROGER L
STREET ADDRESS 270 S. TAMiami TRAIL
CITY-ST-ZIP VENICE, FL 34285

TITLE D
NAME KONDISO, JOSEPH R
STREET ADDRESS 270 S. TAMiami TRAIL
CITY-ST-ZIP VENICE, FL

TITLE D
NAME MCKELVEY, WILLIAM G JR
STREET ADDRESS 270 S TAMiami TRAIL
CITY-ST-ZIP VENICE, FL 34265

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000115280
04/16/04-80017-022 150.00

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IN THIS SPACE**

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 607, 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

4/14/04 941/484-6120

Date

Daytime Phone #