

Robin Carnahan Secretary of State  
 2010 ANNUAL REGISTRATION REPORT

NONPROFIT

File Number: 201026690769

N00951513

Date Filed: 09/23/2010

Robin Carnahan

Secretary of State

REPORT DUE BY: 08/31/2010

**N00951513**

Community Improvement Association of Crystal City

Riney, Sharon

130 Lincoln Avenue

Crystal City, MO 63019

ORGANIZED UNDER THE LAWS OF:  
Missouri

**PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**  
 1 130 Lincoln Avenue  
 STREET  
Crystal City, MO 63019  
 CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**  
 The new registered agent  
**IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.**  
 The new registered office address \_\_\_\_\_  
**Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.**

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u> <b>A</b>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u> <b>B</b>	
<u>PRES</u>	<u>Sharon Riney</u>	<u>NAME</u>	<u>Kathy Kerr</u>
STREET/RT	<u>130 Lincoln Avenue</u>	STREET/RT	<u>11370 River Hills Rd</u>
CITY/STATE/ZIP	<u>Crystal City, MO 63019</u>	CITY/STATE/ZIP	<u>Festus, MO 63028</u>
V-PRES	.....	NAME	<u>Eric Downs</u>
STREET/RT	.....	STREET/RT	<u>217 Walnut Street</u>
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	<u>Crystal City, MO 63019</u>
<u>SECY</u>	.....	NAME	<u>Sharon Riney</u>
STREET/RT	.....	STREET/RT	<u>130 Lincoln Avenue</u>
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	<u>Crystal City, MO 63019</u>
TREAS	.....	NAME	.....
STREET/RT	.....	STREET/RT	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

**Authorized party or officer sign here** Kathy Kerr (Required)

**Please print name and title of signer:** Kathy Kerr / Director  
 NAME TITLE

REGISTRATION REPORT FEE IS:  
 \_\_\_ \$10.00 If filed on or before 8/31  
 \_\_\_ \$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not filed by November 30.

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL) \_\_\_\_\_

**REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102