Robin Carnahan Secretary of State
2011 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 201123081237
N00951513
Date Filed: 08/18/2011
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2011**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00951513
Community Improvement Association of Crystal City
Riney, Sharon
130 Lincoln Avenue
Crystal City, MO 63019

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
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.

3

OFFICERS — NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	**Sharon Riney**
STREET/RT	**130 Lincoln Avenue**
CITY/STATE/ZIP	**Crystal City, MO 63019**
V-PRES	.....
STREET/RT	.....
CITY/STATE/ZIP	
SEC'Y	.....
STREET/RT	.....
CITY/STATE/ZIP	
TREAS	.....
STREET/RT	.....
CITY/STATE/ZIP	

BOARD OF DIRECTORS — NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	**Kathy Kerr**
STREET/RT	**11370 River Hills Rd**
CITY/STATE/ZIP	**Festus, MO 63028**
NAME	**Eric Downs**
STREET/RT	**217 Walnut Street**
CITY/STATE/ZIP	**Crystal City, MO 63019**
NAME	**Sharon Riney**
STREET/RT	**130 Lincoln Avenue**
CITY/STATE/ZIP	**Crystal City, MO 63019**
NAME	.....
STREET/RT	.....
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