

Robin Carnahan Secretary of State
 2012 ANNUAL REGISTRATION REPORT
 NONPROFIT

File Number: 201222881097
 N00951513
 Date Filed: 08/15/2012
 Robin Carnahan
 Secretary of State

REPORT DUE BY: 08/31/2012

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

ORGANIZED UNDER THE LAWS OF:
Missouri

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.

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