


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
  
04 APR 30 PM 1:36

<b>DOCUMENT # N03000007077</b> 1. Entity Name <b>CITIZENS OF CAMBRIDGE, INC.</b>	
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Principal Place of Business <b>4410 MARSH HAWK DR S JACKSONVILLE FL 32218</b>	Mailing Address <b>4410 MARSH HAWK DR S JACKSONVILLE FL 32218</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>56-2398466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>WILLIAMS, G. EVERETT B I 3721 HENDRICKS AVE JACKSONVILLE FL 32207</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>   Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete <b>CREWS, SIMEON 4410 MARSH HAWK DR S JACKSONVILLE FL 32218</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700035732467 05/07/04--01015--012 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC <input type="checkbox"/> Delete <b>MITCHELL, VANESSA 10335 SONG SPARROW DR JACKSONVILLE FL 32218</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MALONE, AGNES 4306 MARSH HAWK DR S JACKSONVILLE FL 32218</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BROWN, ANNIE 4498 MARSH HAWK DR S JACKSONVILLE FL 32218</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treasurer G. Everett B. Williams, I. 10228 Woodley Creek Road, West Jacksonville, FL 32218</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>BROWN, DECARLO 4498 MARSH HAWK DR S JACKSONVILLE FL 32218</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President DeWitt Hughes 4298 Broad Creek Lane Jacksonville, Florida 32218</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>BARGE, JAMESLO 4372 MARSH HAWK DR S JACKSONVILLE FL 32218</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:**  **G. Everett B. Williams, I. Treasura 904-398-1951**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **04-29-04** Daytime Phone #