


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90172 045 ****70.00

DOCUMENT # N03000007077
1. Entity Name
CITIZENS OF CAMBRIDGE, INC.



Principal Place of Business Mailing Address
4410 MARSH HAWK DR S 4410 MARSH HAWK DR S
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218



2. Principal Place of Business 3. Mailing Address
4298 Broad Creek Lane P. O. Box 28727
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State
Jacksonville, FL **Jacksonville, FL**
Zip Country Zip Country
32218 Duval 32226-8727 Duval

4. FEI Number Applied For
56-2398466 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, G. EVERETT B I
3721 HENDRICKS AVE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	CREWS, SIMEON	
STREET ADDRESS	4410 MARSH HAWK DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, VANESSA	
STREET ADDRESS	10335 SONG SPARROW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, AGNES	
STREET ADDRESS	4306 MARSH HAWK DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ANNIE	
STREET ADDRESS	4498 MARSH HAWK DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	I	<input type="checkbox"/> Delete
NAME	WILLIAMS, G. EVERETT B I	
STREET ADDRESS	10228 WOODLEY CREEK ROAD WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, DEWITT	
STREET ADDRESS	4298 BROAD CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughes, Joni	
STREET ADDRESS	4298 Broad Creek Lane	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ford, Johnnie Jr.	
STREET ADDRESS	10339 Woodley Pointe Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jordan, Frederick	
STREET ADDRESS	3601 Broad Creek Lane	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.* G. Everett B. Williams, I/Director 4/30/05 904/398-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 50047705
NO300007077

Addendum To Officers and Directors Line 10

40.	Officers and Directors	11.	Additions/Changes To Officers and Directors in 10
Title Name Street Address City-St-Zip	D <u>X</u> Delete Christan Shuford 4458 Marsh Hawk Dr., S. Jacksonville, FL 32218	Title Name Street Address City-St-Zip	D ___ Change <u>X</u> Addition Smith, Olinka 10373 Woodley Creek Road, West Jacksonville, FL 32218
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D ___ Change <u>X</u> Addition Williams, Charolett M. 4428 Woodley Creek Road Jacksonville, FL 32218
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	AT ___ Change <u>X</u> Addition Lee, Denise 10356 Woodley Creek Road, West Jacksonville, FL 32218
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	