


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90066 026 ****70.00

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

Principal Place of Business 4298 BROAD CREEK LANE JACKSONVILLE, FL 32218	Mailing Address P.O. BOX 28727 JACKSONVILLE, FL 32226
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04292006 Chg-NP CR2E037 (4/06)

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

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, G. EVERETT B I 3721 HENDRICKS AVE JACKSONVILLE, FL 32207	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HUGHES, JONI 4298 BROAD CREEK LANE JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, JR, JOHNNIE 10339 WOODLEY POINTE ROAD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, AGNES 4306 MARSH HAWK DR S JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, FREDERICK 3601 BROAD CREEK LANE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILLIAMS, G. EVERETT B I 10228 WOODLEY CREEK ROAD WEST JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, DEWITT 4298 BROAD CREEK LANE JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *Everett B. Williams* **Everett B. Williams, I/Chairman 4/29/06 9043981951**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40089001

~~# 103000007077~~

Addendum To Officers and Directors Line 10

10.	Officers and Directors	11.	Additions/Changes To Officers and Directors in 10
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D Williams, Charlotte M. 4428 Woodley Creek Road Jacksonville, FL 32218 ___Change <u>X</u> Addition
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D Madison, Steven 4107 Woodley Creek Road Jacksonville, FL 32218 ___Change <u>X</u> Addition
Title Name Street Address City-St-Zip	AT Lee, Denise 10356 Woodley Creek Road, West Jacksonville, FL 32218 ___Delete	Title Name Street Address City-St-Zip	T Lee, Denise 10356 Woodley Creek Road, West Jacksonville, FL 32218 <u>X</u> Change ___Addition
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	S Robinson, Reola 4153 Clearbrook Cove Road Jacksonville, FL 32218 ___Change <u>X</u> Addition
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	AS Wells, Verdell 10356 Woodley Creek Road, West Jacksonville, FL 32218 ___Change <u>X</u> Addition
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	VP Robinson, Dedric 4114 Clearbrook Cove Road Jacksonville, FL 32218 ___Change <u>X</u> Addition