2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 759764

Entity Name: CROMARTIE GROUP HOME, INC.

Current Principal Place of Business:

3730 NW 195TH STREET
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

3730 NW 195TH STREET
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 59-0311514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CROMARTIE, GWENVANETTE
3730 NW 195TH STREET
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CROMARTIE, GWENVANETTE	
Address:	3730 NW 195TH STREET	
City-St-Zip:	CAROL CITY, FL 33055	
Title:	D	( ) Delete
Name:	BARNS, GLORIA	
Address:	3740 NW 195 STREET	
City-St-Zip:	CAROL CITY, FL 33055	
Title:	STD	( ) Delete
Name:	CROMARTIE, AVYS J	
Address:	19620 NW 31ST AVENUE	
City-St-Zip:	CAROL CITY, FL 33056	
Title:	CEO	( ) Delete
Name:	CROMARTIE, GWENVANETTE	
Address:	3730 NW 195TH STREET	
City-St-Zip:	CAROL CITY, FL 33055	
Title:	D	( ) Delete
Name:	KENT, BRENDA	
Address:	1370 NW 65 TERRACE	
City-St-Zip:	MIAMI, FL 33147	
Title:	DS	( ) Delete
Name:	BUSH, TERRELL	
Address:	3811 NW 196TH STREET	
City-St-Zip:	MIAMI, FL 33055	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEWNVANETTE CROMARTIE PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date