

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90009 024 ****61.25

DOCUMENT # N01000005586

1. Entity Name
CITIZENS AGAINST REDLAND INCORPORATION, INC.



Principal Place of Business
**27805 S.W. 197TH AVENUE
HOMESTEAD, FL 33031**

Mailing Address
**27805 S.W. 197TH AVENUE
HOMESTEAD, FL 33031**

2. Principal Place of Business
18001 SW 285 STREET

3. Mailing Address
18001 SW 285 STREET



08312004 Chg-NP CR2E037 (10/03)

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number
65-1135095

Applied For
Not Applicable

Zip
33030

Country
USA

Zip
33030

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOSNER, STEVEN D
65 N.W. 16TH STREET
HOMESTEAD, FL 33030**

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

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 September 8, 2004**

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 **D** ☐ Delete
NAME **ALGER, RICHARD**
STREET ADDRESS **18001 S.W. 285TH STREET**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **D** ☐ Delete
NAME **CASE, GERALD C**
STREET ADDRESS **14925 S.W. 232ND STREET**
CITY-ST-ZIP **BOULDS, FL 33170**

TITLE **D** ☐ Delete
NAME **WATKINS, MICHAEL E**
STREET ADDRESS **16881 S.W. 266TH TERRACE**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **D** ☒ Delete
NAME **STRIBLING, SALLY**
STREET ADDRESS **27805 S.W. 197TH AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **D** ☐ Delete
NAME **PENA, GEORGE A JR.**
STREET ADDRESS **28245 S.W. 182ND AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **D** ☐ Delete
NAME **KENDALL, HAROLD JR.**
STREET ADDRESS **P. O. BOX 157**
CITY-ST-ZIP **GOULDS, FL 33170**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D, T** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard Alger

RICHARD ALGER - TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #