

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003819

FILED
Jan 08, 2004
Secretary of State**Entity Name:** CONCERNED REDLAND CITIZENS, FARMERS AND NURSERYMEN, INC.**Current Principal Place of Business:**25100 SW 189 AVE
HOMESTEAD, FL 33031**New Principal Place of Business:****Current Mailing Address:**25100 SW 189 AVE
HOMESTEAD, FL 33031**New Mailing Address:****FEI Number:** 57-1136420**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SNOWDEN, WENDALL D
25100 SW 189TH AVE
HOMESTEAD, FL 33030 US**Name and Address of New Registered Agent:**SNOWDEN, WENDELL D
25100 SW 189TH AVE
HOMESTEAD, FL 33031 US

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: WENDELL D. SNOWDEN

01/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BLAYLOCK, HAYDEN
Address: 724 S FLAGLER ST
City-St-Zip: HOMESTEAD, FL 33030**Title:** D () Delete
Name: BOGGS, COLLEEN
Address: 16300 SW 184TH ST
City-St-Zip: MIAMI, FL 33187**Title:** D () Delete
Name: ALLEMAN, MEDORA K
Address: 17845 SW 296TH ST
City-St-Zip: HOMESTEAD, FL 33030**Title:** D () Delete
Name: SNOWDEN, WENDALL D
Address: 25100 SW 189TH AVE
City-St-Zip: HOMESTEAD, FL 33031**Title:** D () Delete
Name: STRIBLING, SALLY
Address: 27805 SW 197TH AVE
City-St-Zip: HOMESTEAD, FL 33031**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:** D (X) Change () Addition
Name: SNOWDEN, WENDELL D
Address: 25100 SW 189TH AVE
City-St-Zip: HOMESTEAD, FL 33031**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WENDELL D. SNOWDEN

D

01/08/2004

Electronic Signature of Signing Officer or Director

Date