

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90020 002 \*\*\*\*61.25

**DOCUMENT # N03000005787**

1. Entity Name  
**CRA COMMUNITY DEVELOPMENT GROUP, INC.**



Principal Place of Business  
**305 S. ANDREWS AVENUE  
SUITE 504  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**305 S. ANDREWS AVENUE  
SUITE 504  
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE IN THIS SPACE**

04092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**20-0164382**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLARK, WILLIAM H  
305 S. ANDREWS AVENUE  
SUITE 504  
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **CLARK, WILLIAM H**  
STREET ADDRESS **305 S. ANDREWS AVENUE, SUITE 504**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **GM**  
NAME **CLARK, TODD EUGENE**  
STREET ADDRESS **305 S. ANDREWS AVENUE, SUITE 504**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **GM**  
NAME **MILLER, ROBERT WOODS**  
STREET ADDRESS **305 S. ANDREWS AVENUE, SUITE 504**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** William H Clark  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.07 (850) 443.1502  
Date Daytime Phone #