

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 17, 2007
Secretary of State

DOCUMENT# N03000007121

Entity Name: CONCERNED CITIZENS FOR BROWARD RESIDENTS, INC.**Current Principal Place of Business:**5434 LOMA VISTA LOOP
DAVENPORT, FL 33837**New Principal Place of Business:**8297 CHAMPIONS GATE BLVD.
211
CHAMPIONS GATE BLVD., FL 33896**Current Mailing Address:**5434 LOMA VISTA LOOP
DAVENPORT, FL 33837**New Mailing Address:**8297 CHAMPIONS GATE BLVD.
211
CHAMPIONS GATE, FL 33896**FEI Number:** 20-0171911**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIVELY, DAVID R
5434 LOMA VISTA LOOP
DAVENPORT, FL 33837 US**Name and Address of New Registered Agent:**LIVELY, DAVID R
8297 CHAMPIONS GATE BLVD.
CHAMPIONS GATE BLVD., FL 33896 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: _____

09/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIVELY, DAVID R D. MIN.
Address: 5434 LOMA VISTA LOOP
City-St-Zip: DAVENPORT, FL 33896

Title: V () Delete
Name: LIVELY, DAVID T
Address: 5434 LOMA VISTA LOOP
City-St-Zip: DAVENPORT, FL 33896

Title: ST () Delete
Name: JOY, LIVELY D
Address: 5434 LOMA VISTA LOOP
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIVELY, DAVID R D. MIN.
Address: 8297 CHAMPIONS GATE BLVD.
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: V (X) Change () Addition
Name: LIVELY, DAVID T
Address: 8297 CHAMPIONS GATE BLVD.
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: ST (X) Change () Addition
Name: JOY, LIVELY D
Address: CHAMPIONS GATE BLVD.
City-St-Zip: CHAMPIONS GATE, FL 33896

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: DAVID R. LIVELY

P

09/17/2007

Electronic Signature of Signing Officer or Director

Date