

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90029 038 ****61.25

DOCUMENT # N03000008967

1. Entity Name
COMMUNITY RESOURCE NETWORK, INC.



Principal Place of Business
129 BELAY WAY
PENSACOLA, FL 32507

Mailing Address
129 BELAY WAY
PENSACOLA, FL 32507

54011263



2. Principal Place of Business

3. Mailing Address

PO Box 36123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004

Chg-NP

CR2E037 (10/03)

City & State

City & State
Pensacola, FL

4. FEI Number

01-0800600

Applied For

Not Applicable

Zip

Country

Zip
32516

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARIAS, CAROLYN F
129 BELAY WAY
PENSACOLA, FL 32507

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 May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FARIAS, CAROLYN F
STREET ADDRESS P. O. BOX 36368
CITY-ST-ZIP PENSACOLA, FL 32516 ☒ Delete

TITLE PD
NAME FARIAS, CAROLYN F
STREET ADDRESS 129 BELAY WAY
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Change ☐ Addition

TITLE VD
NAME FARIAS, MACKIE
STREET ADDRESS P. O. BOX 1873
CITY-ST-ZIP FAYETTEVILLE, AK 72702 ☒ Delete

TITLE VD
NAME HALE, MACKIE
STREET ADDRESS 13022 GOOSE CREEK RD.
CITY-ST-ZIP FARMINGTON, AK 72730 ☒ Change ☐ Addition

TITLE TD
NAME WALTERS, TAMI D
STREET ADDRESS 1117 COLBERT AVE.
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Delete

TITLE TD
NAME WALTERS, TAMI D.
STREET ADDRESS 1117 COLBERT AVE.
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Change ☐ Addition

TITLE D
NAME FARIAS, BERT
STREET ADDRESS P. O. BOX 36368
CITY-ST-ZIP PENSACOLA, FL 32516 ☒ Delete

TITLE D
NAME FARIAS, Bert M.
STREET ADDRESS 129 BELAY WAY
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Change ☐ Addition

TITLE D
NAME GOSSAIN, DANILO
STREET ADDRESS 6115 N. DAVIS HWY., APT. 74B
CITY-ST-ZIP PENSACOLA, FL 32540 ☐ Delete

TITLE D
NAME WALTERS, Rudy R., II
STREET ADDRESS 1117 COLBERT AVE.
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Change ☒ Addition

TITLE D
NAME LONDONO, TATIANA
STREET ADDRESS 6115 N. DAVIS HWY., APT. 74B
CITY-ST-ZIP PENSACOLA, FL 32540 ☐ Delete

TITLE D
NAME HALE, NANCY C.
STREET ADDRESS 13022 GOOSE CREEK RD.
CITY-ST-ZIP FARMINGTON, AK 72730 ☒ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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: Tami D. Waters Tami D. Waters 01-21-04 (850) 458-7563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #