


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004476 1. Entity Name CRESCENT FOUNDATION INCORPORATED	
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Principal Place of Business 933 GRAND CANYON DRIVE VALRICO, FL 33594	Mailing Address 933 GRAND CANYON DRIVE VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5701768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOUNT, ZANNIE
933 GRAND CANYON DRIVE
VALRICO, FL 33594

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000927286
05/20/08-80101-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, PHILIP 11906 HUNTERS LAKE DRIVE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, IAN 9211 CRESTON AVE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIERSON, AKINLAWON T 4809 GRAINARY AVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOUNT, ZANNIE 933 GRAND CANYON DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANKERSON, JERMAINE D 6205 LAKE DIVIDE RD TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, KEN 13004 CARLINGTON LANE RIVERVIEW, FL 33569

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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: Zannic C. Mount 4/23/08 (813) 361-3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #