## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008051

FILED Apr 09, 2009 Secretary of State

Entity Name: CRC EDUCATIONAL AND COMMUNITY RESOURCES. INC

Current Principal Place of Business:		New Principal Place of Business:		
	QUADE STREE IVILLE, FL 322			
Current Mailing Address:		New Mailing Address:		
PO BOX 6 JACKSON	31883 IVILLE, FL 322	236		
FEI Number	: 59-3000424	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
6030 SUD	R, ARTHUR L BURY AVENU	F		
JACKSON	IVILLE, FL 322			
The above	IVILLE, FL 322	210 US	purpose of changing its registere	ed office or registered agent, or both,
The above	IVILLE, FL 322 e named entity s e of Florida. RE:	210 US submits this statement for the		
The above in the State SIGNATU	e named entity se of Florida.  RE:  Electror	submits this statement for the	gent	Date
The above in the State SIGNATU	IVILLE, FL 322 e named entity s e of Florida. RE:	submits this statement for the	gent	
The above n the State SIGNATU	e named entity se of Florida.  RE: Electron  S AND DIREC	submits this statement for the signature of Registered A TORS: Delete STHUR L Y AVENUE	gent	Date
The above n the State SIGNATUI  OFFICER  Title: Name: Address:	e named entity se of Florida.  RE:  Electror  S AND DIREC  D ()  ADAMS SR, AR  6030 SUDBURY  JACKSONVILLE	submits this statement for the submits this statement for the sic Signature of Registered A TORS:  Delete THUR L Y AVENUE E, FL 32210 Delete RLES EN AVENUE	gent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: SONYA ADAMS COOR 04/09/2009