

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008001

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** CRYSTAL CLEAR VETERANS' ASSISTANCE CORPORATION

**Current Principal Place of Business:**

3050 NE 5TH TERRACE  
9  
WILTON MANORS, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

3050 NE 5TH TERRACE  
9  
WILTON MANORS, FL 33334 US

**New Mailing Address:**

**FEI Number:** 09-0409103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARRIS, NARDY  
3050 NE 5TH TERRACE  
9  
WILTON MANORS, FL 33334 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ASIM, PLEAS  
Address: 10898 NW 46 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete  
Name: THORTON, TODD  
Address: 500 BONTONA AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: ANDREW, MICHELLE  
Address: 5401 LAKESHORE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TRES ( ) Delete  
Name: THORTON, DOROTHY  
Address: 500 BONTONA AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DIR ( ) Delete  
Name: HARRIS, NARDY  
Address: 3050 NE 5TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33334 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NARDY HARRIS

DIR

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date