

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009692

FILED  
May 01, 2009  
Secretary of State

Entity Name: CREATIVE RESOURCES WORKS, INC.

## Current Principal Place of Business:

2221 JOEL BLVD  
ALVA, FL 339204012

## New Principal Place of Business:

2221 JOEL BLVD  
ALVA, FL 339204012 US

## Current Mailing Address:

POST OFFICE BOX 51006  
FT. MYERS, FL 339941006

## New Mailing Address:

FEI Number: 80-0288308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

HARDAWAY, SR., HAROLD  
3255 CYPRESS LEGENDS CIRCLE, APT 401  
FT MYERS, FL 33905 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARDAWAY, PRISCILLA  
Address: 3255 CYPRESS LEGENDS CIRCLE, APT 401  
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete  
Name: TALLEY, SR., JAMES  
Address: 2255 9TH PL EAST  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete  
Name: MCCRAY, SR., KEITH  
Address: 549 SOUTH SCOTT LANE  
City-St-Zip: ROMEOVILLE, IL 60446

Title: ST ( ) Delete  
Name: JONES, NAOMI  
Address: 1234 S CURTIS AVE  
City-St-Zip: KANKAKEE, IL 60901

## 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:

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: PRISCILLA HARDAWAY

PRES

05/01/2009

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

\_\_\_\_\_  
Date