

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010006

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** COMMUNITY REVITALIZATION SERVICES, INC.

**Current Principal Place of Business:**

1109 DELAWARE AVENUE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

1109 DELAWARE AVENUE  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 26-3592418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, ALBERT  
1109 DELAWARE AVENUE  
FORT PIERCE, FL 34950 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: D ( ) Delete  
Name: LUCAS, CLARENCE  
Address: 1690 TIMBERLAKE DR  
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete  
Name: PENTZ, JENAT  
Address: 15537 NW CORDREY ST  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete  
Name: HOERBELT, BRYAN  
Address: 6617 WOODS ISLAND CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34952

**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:

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: JOHN BRUHN

PRES

03/03/2009

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

\_\_\_\_\_  
Date