

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90096 027 \*\*\*\*61.25

**DOCUMENT # N37005**

1. Entity Name

CREATIVE COMMUNITY RESOURCES, INC.



Principal Place of Business

PO BOX 880048  
BOCA RATON FL 33488

Mailing Address

PO BOX 880048  
BOCA RATON FL 33488

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0228993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRESLOW, ARON  
7683 ESTRELLA CR  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TOSKI, BOB  
STREET ADDRESS 20914 HAMACA CT.  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete  
NAME STEVENS, MARK  
STREET ADDRESS 1580 BOCA RATON BLVD.  
CITY-ST-ZIP BOCA RATON FL

TITLE DVP ☐ Delete  
NAME HOBBS, RITA  
STREET ADDRESS SE 5TH AVE., VILLA #1234  
CITY-ST-ZIP BOCA RATON FL

TITLE M ☐ Delete  
NAME BRESLOW, ARON  
STREET ADDRESS 7683 ESTRELLA CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Delete  
NAME ~~BRADLEY, ARTHUR R.~~  
STREET ADDRESS ~~1800 CORPORATE BLVD~~  
CITY-ST-ZIP ~~BOCA RATON FL~~

TITLE S ☐ Delete  
NAME CALDWELL, PASTOR C.  
STREET ADDRESS 6301 SW 18 ST  
CITY-ST-ZIP BOCA RATON FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *ARON BRESLOW* - ARON BRESLOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/04 561-483-8093