

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

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



01152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000531278
05/06/06-80034-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOSKI, BOB
STREET ADDRESS	20914 HAMACA CT.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	STEVENS, MARK
STREET ADDRESS	1580 BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DVP
NAME	HOBBS, RITA
STREET ADDRESS	SE 5TH AVE., VILLA #1234
CITY-ST-ZIP	BOCA RATON, FL
TITLE	M
NAME	BRESLOW, ARON
STREET ADDRESS	7683 ESTRELLA CIRCLE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	CALDWELL, PASTOR C.
STREET ADDRESS	6301 SW 18 ST
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/18/06 (560) 483-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #