2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N39596

Entity Name: COMMUNITY RESOURCE CENTER OF COLEMAN PARK, INC.

Current Principal Place of Business:

1041 18TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 31472
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 65-0364793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYGOOD, J. M
1555 PALM BEACH LAKES BLVD
SUITE 1510
WEST PALM BEACH, FL 33401 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: DS ( ) Delete
Name: GORDON, KATIE H
Address: P.O. BOX 413 N/A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: MOORE, BARBARA
Address: 910 31ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: HOWZELL, ROGER
Address: 1006 S MANGONIA CIR
City-St-Zip: WEST PALM BEACH, FL 33407

Title: COB ( ) Delete
Name: COOPER, NELLIE M
Address: 1106 STATE STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: AHOTA, NANTANBU
Address: 1012 ADAMS STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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: KATIE GORDON DIR 04/30/2007

Electronic Signature of Signing Officer or Director — Date