2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39596

FILED Apr 30, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1041 18TH STREET WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** PO BOX 31472 1041 18TH STREET PALM BEACH GARDENS, FL 33420 US WEST PALM BEACH, FL 33407 FEI Number: 65-0364793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYGOOD, J. M 1555 PALM BEACH LAKES BLVD SUITE 1510 WEST PALM BEACH, FL 33401 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:

Clastica Circulum of Davistonal Areas

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS () Delete Title: DS (X) Change () Addition Name: GORDON, KATIE H Name: GORDON, KATIE H

Address: P.O. BOX 413 N/A Address: P.O. BOX 413

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete Title: () Change () Addition

 Name:
 MOORE, BARBARA
 Name:

 Address:
 910 31ST STREET
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HOWZELL, ROGER
 Name:

 Address:
 1006 S MANGONIA CIR
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 City-St-Zip:

Title: COB () Delete Title: () Change () Addition

 Name:
 COOPER, NELLIE M
 Name:

 Address:
 1106 STATE STREET
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 AHOTA, NANTANBU
 Name:

 Address:
 1012 ADAMS STREET
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 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: ROGER HOWZELL D 04/30/2008