

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39596

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**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:**

1041 18TH STREET  
WEST PALM BEACH, FL 33407

**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  
Name: GORDON, KATIE H  
Address: P.O. BOX 413  
City-St-Zip: WEST PALM BEACH, FL 33401

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KATIE GORDON

D

04/28/2011

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

\_\_\_\_\_  
Date