

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43858

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE COMMUNITY AWARENESS NETWORK, INC.

Current Principal Place of Business:

1009 DIAMOND HEAD WAY
PALM BEACH GARDEN, FL 33418

New Principal Place of Business:

Current Mailing Address:

P O BOX 33436
PALM BEACH GARDEN, FL 33420

New Mailing Address:

FEI Number: 65-0266150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, GARY D
4400 PGA BLVD
STE 700
PALM BEACH GARDENS, FL 33410 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: P () Delete
Name: ELIAS, JOAN
Address: 1009 DIAMOND HEAD WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: METLIS, LAURIE
Address: 9 GLENCAIRN RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Delete
Name: HORTON, DONALD
Address: 258 EAGLETON ESTATES BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: SCHWEITZER, ELENOR
Address: 79 DUNBAR RD E
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: ENGELSHER, MIKE
Address: 124 EAGLETON LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAMES, CIOFFI
Address: 53 VIA DEL CORSO
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: JOAN ELIAS

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date