

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N49924

1. Entity Name
THE CENTER FOR CREATIVE CONSCIOUSNESS, INC.



Principal Place of Business
2829 BIRD AVE.
PMB 301
COCONUT GROVE, FL 33133

Mailing Address
2829 BIRD AVE.
PMB 301
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0396543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CLAIRE
2829 BIRD AVENUE
PMB 301
COCONUT GROVE, FL 33133

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, CLAIRE
STREET ADDRESS	2829 BIRD AVENUE PMB 301
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	SHULMAN, BRIAN
STREET ADDRESS	2829 BIRD AVENUE PMB 301
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	SHULMAN, RUSSELL
STREET ADDRESS	2829 BIRD AVENUE PMB 301
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/05-80069-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAIRE
ANDERSON

Date

Daytime Phone #

305 -
710-9579