

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004011

FILED
Apr 29, 2009
Secretary of State

Entity Name: HUMAN RESOURCES / CRANE CREEK CONSERVATORY, INC.

Current Principal Place of Business:

2165 FEAST RD.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2165 FEAST RD.
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3146705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAZ, HOWARD
2165 FEAST ROAD
WEST MELBOURNE, FL 32904 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: PD () Delete
Name: BLAZ, NANCY
Address: 2165 FEAST ROAD
City-St-Zip: WEST MELBOURNE, FL

Title: D () Delete
Name: URANECK, WILLIAM DR.
Address: 13 PEPPER DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: BLAZ, HOWARD
Address: 2165 FEAST ROAD
City-St-Zip: WEST MELBOURNE, FL

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:

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: HOWARD BLAZ

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date