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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003983 (1)

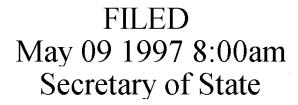
COMMUNITY RESOURCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

5400 PINE ISLAND RD. SUITE D

5400 PINE ISLAND RD. SUITE D





BOKEELIA FL 33922		BOKEELIA FL 33922-3254								
						3. Date Incorporated or Qualified 07/29/1996	3a. Da	ate of La	st Report	
	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26			···	·	-	×	Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional e Required		
City & State	е	City & State				6. Election Campaign Financing		•	00 May Be	
23 Zip	Country	28 Zip	Cou	m.t.v		Trust Fund Contribution			led to Fees	
24	25	29	30	шу	,	8. This corporation has liability for			er s. 199,032,	
<u> </u>	9. Name and Address of Curren		[30]			Florida Statutes 10. Name and Address of New Re	Yes 2			
				81	Name -	10. Numb and Address of New Ne	Sistered .	Agont		
WAGGO	NER, PAUL H			B2						
	NE ISLAND RD, SUITE D				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	IA FL 33922			83			· • · · · · · · · · · · · · · · · · · ·			
CONLLL	TO THE WOODE									
				84	City		FL	85 2	Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Stati	utes, the at	L	u-named co	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of	changir	na its registere	
office or r	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was	s authorized	d by	the corpor	ation's board of directors. I hereby accep	ot the app	ointment	as registered	
SIGNATURE .	Tallina villi, and doopt the obligi	and 10 01, 000 1011 0 17.0000, 1	ionaa otati	0.00	3.					
	Signature, typed or printed name of registered age		OTE: Registered	Age	per erutangia fre	ulred when reinstating)	DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES 10 OFFIC	ERS AND			
TITLE	PD AIC ADV A	☐ DELETE	1.4 111					Chan	ige 🔲 Additio	
NAME	OIE, MELODY A		. 1.⊉ NA							
STREET ADDRESS	79 EVERGREEN AVE ELMIRA NY 4905				ADDRESS					
C/TY-ST-ZIP TITLE	SD SD	DELETE	1.4 CIT		T-ZIP			T Above		
NAME	KRIEG, RICHARD		2.1 111					L Chan	ige 🔲 Additio	
STREET ADDRESS	2331 8TH AVE		2.2 NA							
	ST JAMES CITY FL 33956		I .		ADDRESS					
CITY-ST-ZIP TITLE	TD	DELETE	2.4 CI 3.1 TIT		51 - ZIP			☐ Chan	ae Additio	
NAME	HAIGHT, THOMAS A	011111	3.1 III					L UIBIN	he [_] yaanta	
STREET ADDRESS	3125 LAKE RD				ADDRESS					
CITY-ST-ZIP	HORSEHEAD NY 14845		3.4. CI							
TITLE		DELETE	4.1 TIT		21 - 211		·	Chang	ge Additio	
NÁME			4.2 NA						p. L. I MOUITE	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CIT							
TITLE		☐ DELETE	5.1 TIT					Chang	ge Additio	
NAME			5.2 NA	ME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT		· I					
TITLE		☐ DELETE	6.1 717		-"			Chang	ge Additio	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			6.4 CIT							

I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if 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 12 or Block 13 if changed, or on an attachment with an address.

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