

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90222 002 ****61.25

DOCUMENT # N96000003983

1. Corporation Name

COMMUNITY RESOURCE FOUNDATION, INC.

Principal Place of Business

5400 PINE ISLAND RD. SUITE D
BOKEELIA FL 33922

Mailing Address

5400 PINE ISLAND RD. SUITE D
BOKEELIA FL 33922



2. Principal Place of Business

21 1715 SE 46th Ln

2a. Mailing Address

26 1715 SE 46th Ln

Suite, Apt. #, etc.

22 #5

Suite, Apt. #, etc.

27 #5

City & State

23 Cape Coral, FL

City & State

28 Cape Coral, FL

Zip

24 33904

Country

25 US

Zip

29 33904

Country

30 US

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WAGGONER, PAUL H
5400 PINE ISLAND RD, SUITE D
BOKEELIA FL 33922

10. Name and Address of New Registered Agent

81 Name

Melody Oie

82 Street Address (P.O. Box Number is Not Acceptable)

1715 SE 46th Lane

83

unit 5

84 City

Cape Coral

FL

85 Zip Code

33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Melody A. Oie, President*

5-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OIE, MELODY A
STREET ADDRESS 39 MAGNOLIA DRIVE
CITY-ST-ZIP MONROE LA 71203

DELETE

TITLE SD
NAME KRIEG, RICHARD
STREET ADDRESS 2331 8TH AVE
CITY-ST-ZIP ST JAMES CITY FL 33956

DELETE

TITLE TD
NAME HAIGHT, THOMAS A
STREET ADDRESS 39 MAGNOLIA DRIVE
CITY-ST-ZIP MONROE LA 71203

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Oie, melody A
1.3 STREET ADDRESS 1715 SE 46th Ln unit 5
1.4 CITY-ST-ZIP Cape Coral, FL 33904

Change Addition

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE TD
3.2 NAME Haight, Thomas A
3.3 STREET ADDRESS 1715 SE 46th Ln
3.4 CITY-ST-ZIP Cape Coral, FL 33904

Change Addition

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Melody A. Oie* 5-13-99 800-668-9559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)