

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90019 009 \*\*\*\*61.25

**DOCUMENT # N97000004200**

1. Entity Name

CUTLER RIDGE CONCERNED CITIZENS, INC.



Principal Place of Business

10370 SW 201 TERRACE  
MIAMI FL 33189

Mailing Address

10370 SW 201 TERRACE  
MIAMI FL 33189

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0807200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIVER, JAMES  
20220 SW 105 AVENUE  
MIAMI FL 33189

Name

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

City

**FL**

Zip Code

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME SHIVER, J ☐ Delete  
STREET ADDRESS 20220 SW 105 AVE  
CITY- ST- ZIP MIAMI FL 33189

TITLE  
NAME PASCHAL, CARL ☒ Delete  
STREET ADDRESS 20223 SW 103 AVE  
CITY- ST- ZIP MIAMI FL 33189

TITLE  
NAME SHIVER, BETTY ☒ Delete  
STREET ADDRESS 20220 SW 105 AVE  
CITY- ST- ZIP MIAMI FL 33189

TITLE  
NAME HIERS, LINDA ☐ Delete  
STREET ADDRESS 10530 SW 204 TERR  
CITY- ST- ZIP MIAMI FL 33189

TITLE  
NAME AMBROSA, FREDDY ☐ Delete  
STREET ADDRESS 20101 CORAL SEA RD  
CITY- ST- ZIP MIAMI FL 33189

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME T ☐ Change ☒ Addition  
NAME MOLLY STEWART  
STREET ADDRESS 9600 Cutler Ridge Dr  
CITY- ST- ZIP Cutler Bay 33157

TITLE  
NAME S ☐ Change ☒ Addition  
NAME Janet Shipos  
STREET ADDRESS 9770 Martinique Dr  
CITY- ST- ZIP Cutler Bay 33157

TITLE  
NAME D ☐ Change ☐ Addition  
NAME Barbara Condon  
STREET ADDRESS 19641 Holiday Road  
CITY- ST- ZIP Cutler Bay 33157

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*James J. Shiver*