2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N97000004200

Entity Name: CUTLER RIDGE CONCERNED CITIZENS, INC.

Current Principal Place of Business:

10370 SW 201 TERRACE
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

10370 SW 201 TERRACE
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-0807200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVER, JAMES
20220 SW 105 AVENUE
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

AMBROAE, FREDDIE
19310 BEL AIRE DR
MIAMI, FL 33189 US

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: FREDDIE AMBROSE 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHIVER, J
Address: 20220 SW 105 AVE
City-St-Zip: MIAMI, FL 33189

Title: T ( ) Delete
Name: STEWART, MOLLY
Address: 9600 CUTLER RIDGE DR
City-St-Zip: CUTLER BAY, FL 33157

Title: S ( ) Delete
Name: SHIPES, JANET
Address: 9470 MARTINIQUE DR
City-St-Zip: CUTLER BAY, FL 33157

Title: D ( ) Delete
Name: HIERS, LINDA
Address: 10530 SW 204 TERR
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete
Name: AMBROSA, FREDDY
Address: 20101 CORAL SEA RD
City-St-Zip: MIAMI, FL 33189

Title: D (X) Delete
Name: CONDON, BARBARA
Address: 19641 HOLIDAY ROAD
City-St-Zip: CUTLER BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: AMBROSE, F
Address: 19310 BEL AIRE DR
City-St-Zip: MIAMI, FL 33189

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: AMBROSA, SONIA
Address: 20101 CORAL SEA RD
City-St-Zip: MIAMI, FL 33189

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: FREDDIE AMBROSE D 03/17/2009
Electronic Signature of Signing Officer or Director Date