

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000948

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CSB COMMUNITY RESOURCES, INC.

## Current Principal Place of Business:

800 BELLE TERRE PARKWAY,200  
PMB#307  
PALM COAST, FL 32164

## New Principal Place of Business:

## Current Mailing Address:

800 BELLE TERRE PARKWAY,200  
PMB#307  
PALM COAST, FL 32164

## New Mailing Address:

FEI Number: 65-0883596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOWE, CAROL S  
3032 N.W. FOURTH COURT  
POMPANO BEACH, FL 33069 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: P ( ) Delete  
Name: BOWE, CAROL S  
Address: P.O. BOX 350247  
City-St-Zip: PALM COAST, FL 32135

Title: T ( ) Delete  
Name: LEE, MARTHA  
Address: 3032 N.W. 4TH CT.  
City-St-Zip: POMPAÑO BEACH, FL 33063

Title: S ( ) Delete  
Name: WRIGHT, DAPHINE  
Address: P.O. BOX 350247  
City-St-Zip: PALM COAST, FL 32135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOWE, CAROL S  
Address: P.O. BOX 350957  
City-St-Zip: PALM COAST, FL 32135

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

Title: S (X) Change ( ) Addition  
Name: WRIGHT, DAPHINE  
Address: P.O. BOX 350957  
City-St-Zip: PALM COAST, FL 32135

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: CAROL S. BOWE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date