


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90011 023 ****61.25

DOCUMENT # N99000006671 1. Entity Name COMMUNITIES RECEIVING SUPPORT, INC.					
Principal Place of Business 768 ACOSTA ST JACKSONVILLE, FL 32204			Mailing Address P.O. BOX 8034 JACKSONVILLE, FL 32239		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3619416	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRUZ, CHERYL 768 ACOSTA ST JACKSONVILLE, FL 32204				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV <input type="checkbox"/> Delete		TITLE	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, VINCENT		NAME	Jon Deligius	
STREET ADDRESS	3939 ROOSEVELT BLVD		STREET ADDRESS	P.O. Box 8316	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32239	
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARE, WALTER		NAME		
STREET ADDRESS	1658 N KINGS RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, DONNA		NAME		
STREET ADDRESS	306 LAKE MARIETTA DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32220		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, CHERYL		NAME		
STREET ADDRESS	PO BOX 8034		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u>Cheryl Cruz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Sept 3-2004 904-387-9887</u> <small>Date Daytime Phone #</small>		