

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 007 ****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

50063294



05042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3619416

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CRUZ, CHERYL
 768 ACOSTA ST
 JACKSONVILLE, FL 32204

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	BY VICE PRES.
NAME	JACKSON, VINCENT Rhonda Jones
STREET ADDRESS	3030 ROOSEVELT BLVD 2285 County Rd 220
CITY-ST-ZIP	JACKSONVILLE, FL 32205 21604 Muddlesburg, FL 32868
TITLE	BY PRES/SEC
NAME	WARE, WALTER Roderick R Robinson
STREET ADDRESS	1658 N KINGS RD 2242 Forest Hills Rd
CITY-ST-ZIP	JACKSONVILLE, FL 32209 32208
TITLE	PD
NAME	KELLEY, DONNA Delete
STREET ADDRESS	300 LAKE MARIETTA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	D
NAME	CRUZ, CHERYL
STREET ADDRESS	PO BOX 8034
CITY-ST-ZIP	JACKSONVILLE, FL 32239
TITLE	P
NAME	DELIFUS, JON
STREET ADDRESS	PO BOX 8316
CITY-ST-ZIP	JACKSONVILLE, FL 32239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Cheryl Cruz Aug. 17, 2005 904-387-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #