2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N99000006671

Entity Name: COMMUNITIES RECEIVING SUPPORT, INC.

Current Principal Place of Business:

1600 NE 135TH ST
603
N MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 601142
N MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 59-3619416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, CHERYL
1600 NE 135TH ST #603
N. MIAMI, FL 33181 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: VT ( ) Delete
Name: JONES, RHONDA
Address: 2285 COUNTRY RD 220
City-St-Zip: MIDDLEBURG, FL 32068

Title: TS ( ) Delete
Name: ROBINSON, RODERICK R
Address: 2242 FOREST HILLS RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: CRUZ, CHERYL
Address: PO BOX 8034
City-St-Zip: JACKSONVILLE, FL 32239

Title: P ( ) Delete
Name: DELIFUS, JON
Address: PO BOX 41524
City-St-Zip: JACKSONVILLE, FL 32203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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: CHERYL A. CRUZ DIR. 04/23/2009

Electronic Signature of Signing Officer or Director — Date