

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006671

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**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  
**Name:** JONES, RHONDA  
**Address:** 2285 COUNTRY RD 220  
**City-St-Zip:** MIDDLEBURG, FL 32068

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

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

**Title:** P  
**Name:** METELLUS, JOHANE  
**Address:** 11321 NW 15TH ST  
**City-St-Zip:** PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

**SIGNATURE:** CHERYL A CRUZ

**DIR.**

**04/13/2010**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date