NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90056 022 ****61.25

DOCUMENT # N99000005835

1. Entity Name
Community Alliance for Reform In Education, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
222 N Palmway	PO Box 190
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, Fl	City & State: West Palm Beach, Fl
Zip: 33460 Country: USA	Zip: 33402 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973791 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lisa A Carmona

Street Address (P.O. Box Number is Not Acceptable): 222 N Palmway

City: Lake Worth **FL** Zip Code: 33460

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.

SIGNATURE: Lisa A Carmona — Lisa A Carmona — April 17, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	Chairperson CDJ
NAME	Annetta Jenkins
STREET ADDRESS	1555 Palm Beach Lakes Blvd #1500
CITY-ST-ZIP	West Palm Beach, Fl 33401
TITLE	Vice Chair CDJ
NAME	Bruce McDonald
STREET ADDRESS	585 NW 15th Court
CITY-ST-ZIP	Boca Raton, Fl 33486
TITLE	Treasurer
NAME	Robert Arrieux
STREET ADDRESS	2715 N Australian Ave
CITY-ST-ZIP	West Palm Beach, Fl 33407
TITLE	Secretary
NAME	Sister Rachel Sena, OP
STREET ADDRESS	641 SE 15th Ave #201
CITY-ST-ZIP	Boynton Beach, Fl 33435
TITLE	
NAME	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Annetta Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #