


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90418 019 \*\*\*\*61.25

<b>DOCUMENT # N99000005835</b> 1. Entity Name COMMUNITY ALLIANCE FOR REFORM IN EDUCATION, INC.			
Principal Place of Business 764 JUNIPER PL WELLINGTON, FL 33414 US		Mailing Address 764 JUNIPER PL WELLINGTON, FL 33414 US	
2. Principal Place of Business 132 N Dixie Suite, Apt. #, etc.		3. Mailing Address P.O. Box 190 Suite, Apt. #, etc.	
City & State Lake Worth, FL Zip 33460 Country		City & State West Palm Beach, FL Zip 33402 Country	
4. FEI Number 65-0973791		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARMONA, LISA 764 JUNIPER PLACE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name: Lisa Carmona Street Address (P.O. Box Number is Not Acceptable): 818 South 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u>Lisa A. Carmona</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>4/28/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY - ST - ZIP	CD JENKINS, ANNETTA 1555 PALM BEACH LAKES BLVD # 1500 WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD MCDONALD, S BRUCE 585 NW 15TH COURT BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD Shelley Fottaben 6800 Forest Hill Blvd. West Palm Beach, FL 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARRIEUX, ROBERT 2715 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Rev. Edward Ellis III 808 8th Street West Palm Beach, FL 33402 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SENA, SISTER RACHEL OP 641 SE 15TH AVE # 201 BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Sena, Sister Rachel 641 SE 15th Ave # 201 Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.			
SIGNATURE: <u>Annetta Jenkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/29/04</u> DAYTIME PHONE: <u>561-471-7700</u>	