

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000280

Entity Name: COMMUNITY REINVESTMENT FUND,INC.**Current Principal Place of Business:**801 NICOLLET MALL
1700W
MPLS, MN 55402**Current Mailing Address:**801 NICOLLET MALL
1700W
MPLS, MN 55402 US**FEI Number:** 41-1616861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT, CEO, DIRECTOR
Name	ALTMAN, FRANK
Address	801 NICOLLET MALL 1700W
City-State-Zip:	MPLS MN 55402

Title	TREASURER, DIRECTOR
Name	BATHRICK, ALTON
Address	801 NICOLLET MALL 1700W
City-State-Zip:	MPLS MN 55402

Title	SECRETARY
Name	MARTYNIK, SALLI
Address	801 NICOLLET MALL 1700W
City-State-Zip:	MPLS MN 55402

Title	DIRECTOR
Name	LATIMER-NELLIGAN, KIMBERLY
Address	801 NICOLLET MALL 1700W
City-State-Zip:	MPLS MN 55402

Title	DIRECTOR
Name	SOLEM, JIM
Address	801 NICOLLET MALL 1700W
City-State-Zip:	MPLS MN 55402

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: FRANK ALTMAN

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail_____
Date