2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005
Secretary of State

DOCUMENT# N03000000815

Entity Name: COMMUNITY REFORMATION RELIEF MISSION MINISTRY INC.

Current Principal Place of Business:

1881 NW 9 ST
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450251
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 51-0446304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FITZ, LE BARON
12270 NW 29TH PLACE
SUNRISE, FL 33323 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: D ( ) Delete
Name: LATHAM, FLORA
Address: 1516 NW 7TH TERRACE
City-St-Zip: POMPANO BCH, FL 33060

Title: D ( ) Delete
Name: PAIGE, THELMA
Address: 723 BLVD CHATLAINE E
City-St-Zip: DELRAY, FL 33445

Title: CEO ( ) Delete
Name: FITZ, LE BARON
Address: 1881 NW 9 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: DF ( ) Delete
Name: THEZAN, CESAR
Address: 1881 NW 9 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST ( ) Delete
Name: WILLIAMS, MARILYN
Address: 1881 NW 9 ST
City-St-Zip: POMPANO BEACH, FL 33060

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LE BARON FITZ CEO 06/10/2005

Electronic Signature of Signing Officer or Director Date