


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 20 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000815	
1. Entity Name COMMUNITY REFORMATION RELIEF MISSION MINISTRY INC.	

Principal Place of Business 1881 NW 9 ST POMPAÑO BEACH, FL 33060	Mailing Address P.O. BOX 450251 SUNRISE, FL 33351
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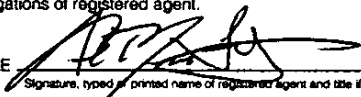
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12270 NW 29th Pl Suite, Apt. #, etc.
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City & State Sunrise FL	4. FEI Number 51-0446304	Applied For <input type="checkbox"/> Not Applicable
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Zip 33323	Country 33323	Country FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITZ, LE BARON 12270 NW 29TH PLACE SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  DATE **Dec. 18, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

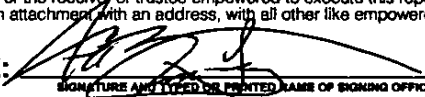
FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME LATHAM, FLORA	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1516 NW 7TH TERRACE	CITY-ST-ZIP POMPAÑO BCH, FL 33060			STREET ADDRESS	300082682753		
TITLE D	NAME PAIGE, THELMA	<input type="checkbox"/> Delete		CITY-ST-ZIP	12/20/06--01051--002 **70.00		
STREET ADDRESS 723 BLVD CHATLAINE E	CITY-ST-ZIP DELRAY, FL 33445			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CEO	NAME FITZ, LE BARON	<input type="checkbox"/> Delete		STREET ADDRESS			
STREET ADDRESS 1881 NW 9 ST	CITY-ST-ZIP POMPAÑO BEACH, FL 33060			CITY-ST-ZIP			
TITLE DF	NAME THEZAN, CESAR	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1881 NW 9 ST	CITY-ST-ZIP POMPAÑO BEACH, FL 33060			STREET ADDRESS			
TITLE ST	NAME WILLIAMS, MARILYN	<input type="checkbox"/> Delete		CITY-ST-ZIP			
STREET ADDRESS 1881 NW 9 ST	CITY-ST-ZIP POMPAÑO BEACH, FL 33060			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> Delete		STREET ADDRESS			
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:  DATE **Dec. 18, 2006**

Signature and typed or printed name of signing officer or director

jc 12/21