
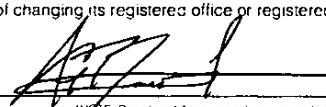
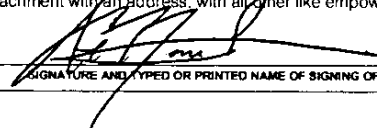


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90045 013 ****61.25

DOCUMENT # N03000000815					
1. Entity Name COMMUNITY REFORMATION RELIEF MISSION MINISTRY INC.					
Principal Place of Business 1881 NW 9 ST POMPANO BEACH, FL 33060			Mailing Address 12270 NW 29TH PLACE SUNRISE, FL 33323 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1450 NW 108 AVE			
Suite, Apt. #, etc.		SUITE Apt. #, etc. 257		07202007 Chg-NP CR2E037 (12/06)	
City & State		City & State Plantation FL		4. FEI Number 51-0446304	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33322		USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FITZ, LE BARON 12270 NW 29TH PLACE SUNRISE, FL 33323			Name Fitz, Le Baron		
			Street Address (P.O. Box Number is Not Acceptable) 1450 NW 108 AVE		
			Ste 257		
			City Plantation		
			FL		
			Zip Code 33322		
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		Le Baron Fitz		7/20/07	
				DATE	
Filing Fee is \$61.25 Due by September 14, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LATHAM, FLORA		NAME		
STREET ADDRESS	1516 NW 7TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAIGE, THELMA		NAME		
STREET ADDRESS	723 BLVD CHATLAINE E		STREET ADDRESS		
CITY-ST-ZIP	DELRAY, FL 33445		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZ, LE BARON		NAME		
STREET ADDRESS	1881 NW 9 ST		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	DF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THEZAN, CESAR		NAME		
STREET ADDRESS	1881 NW 9 ST		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, MARILYN		NAME		
STREET ADDRESS	1881 NW 9 ST		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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:		Le Baron Fitz		Date	
				Daytime Phone #	