


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC -3 AM 10:37

|  |   |
|--|---|
| <b>DOCUMENT # N04000002276</b>               |  |
| 1. Entity Name<br>COMMUNITY FOR CHANGE, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1725 NW 38TH AVE.<br>LAUDERHILL, FL 33311 | Mailing Address<br>1725 NW 38TH AVE.<br>LAUDERHILL, FL 33311 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>3349 NW 34TH ST</b> | 3. Mailing Address<br><b>3349 NW 34TH ST</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                          |

|   |   |
|---|---|
| City & State<br><b>Lauderdale Lakes, FL</b> | City & State<br><b>Lauderdale Lakes, FL</b> |
| Zip<br><b>33309</b>                         | Country<br><b>BROWARD</b>                   |
| Zip<br><b>33309</b>                         | Country<br><b>BROWARD</b>                   |



09012009 REIN-NP CR2E099 (1/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>74-3115301</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>BENNETT, CARLTON<br/>2251 NW 41ST AVE., #311<br/>LAUDERHILL, FL 33311</b> | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |
|---|--|

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 Carlton Bennett Carlton Bennett 9-01-09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                                    |  |  |
|------------------------------------|--|--|
| <b>FILE NOW!!! FEE IS \$122.50</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|------------------------------------|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>BENNETT, CARLTON<br/>2251 NW 41ST AVE., #311<br/>LAUDERHILL, FL 33311</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Secretary<br/>RINTONY MORELUS<br/>3349 NW 34TH ST, Lauderdale<br/>Lakes, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>THOMPSON, VERON<br/>3841 SW 11TH ST<br/>FT. LAUDERDALE, FL 33312</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>10/05/09--01045--001 **122.50<br/>000161326640<br/>10/05/09--01045--001 **122.50</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>KS</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>REINSTATEMENT 08-09</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Carlton Bennett 09-01-09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #