2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007539

1. Entity Name
COLLABORATION FOR RESTORING FAMILIES, INC.

Principal Place of Business	Mailing Address
744 NW 12AV FORT LAUDERDALE, FL 33311	744 NW 12AVE FORT LAUDERDALE, FL 33311

02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1231880

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEARIN, ROBERT
20283 STATE ROAD 7 SUITE 300
BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIMES, ROGER
STREET ADDRESS	7295 NW 54TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	S
NAME	GASSETT, LORRAINE
STREET ADDRESS	704 NE 7TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	SHEARIN, ROBERT
STREET ADDRESS	4400 N FED HWY SUITE 210
CITY-ST-ZIP	BOCA RATONM, FL 33431
TITLE	D
NAME	GRIMES, AURILIA GRAY
STREET ADDRESS	7295NW 54TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000651365
03/09/07-80012-018 70.00

DO NOT WRITE IN THIS SPACE

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: _____ 2-27-07 9547639801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #