

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007539

FILED
Mar 25, 2009
Secretary of State

Entity Name: COLLABORATION FOR RESTORING FAMILIES, INC.

Current Principal Place of Business:

744 NW 12AV
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

744 NW 12AVE
FORT LAUDERDALE, FL 33311

New Mailing Address:

744 NW 12AV
FORT LAUDERDALE, FL 33311

FEI Number: 20-1803604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GLORIA
19188 NW 23RD COUNT
PEMBROKE PINES, FL 33029 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: P () Delete
Name: GRIMES, ROGER
Address: 7295 NW 54TH COURT
City-St-Zip: LAUDERHILL, FL 33319

Title: S () Delete
Name: GASSETT, LORRAINE
Address: 704 NE 7TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: SHEARIN, ROBERT
Address: 4400 N FED HWY SUITE 210
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: GRIMES, AURILIA GRAY
Address: 7295NW 54TH COURT
City-St-Zip: LAUDERHILL, FL 33319

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROGER GRIMES

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date