



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90193 006 \*\*\*\*70.00

<b>DOCUMENT # N06000001848</b>					
<b>1. Entity Name</b> COMMUNITY REBUILDING ECUMENICAL WORKFORCE, INC.					
<b>Principal Place of Business</b> 121 CENTRAL AVE CLEWISTON, FL 33440			<b>Mailing Address</b> 352 WEST ARCADE AVE CLEWISTON, FL 33440		
<b>2. Principal Place of Business - No P.O. Box #</b> 944 Harlem Acad. Ave. Suite, Apt. #, etc. Room #12		<b>3. Mailing Address</b> 352 W. Arcade Ave. Suite, Apt. #, etc.			
<b>City &amp; State</b> Clewiston, FL		<b>City &amp; State</b> Clewiston, FL		<b>4. FEI Number</b> 20-4602063	
<b>Zip</b> 33440		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HICKS, JOHN 352 W ARCADE AVE CLEWISTON, FL 33440				<b>7. Name and Address of New Registered Agent</b> Name: Patricia Adams Street Address (P.O. Box Number is Not Acceptable): 352 W. Arcade Ave City: Clewiston FL Zip Code: 33440	
<b>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.</b> SIGNATURE: <i>Patricia Adams</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> TP <b>NAME</b> RAMOS, ANGEL <b>STREET ADDRESS</b> 407 ROYAL PALM AVENUE <b>CITY-ST-ZIP</b> CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TP-Street, Thom <b>NAME</b> AgBox 190 <b>STREET ADDRESS</b> Moore Haven Fl 33471 <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TVP <b>NAME</b> MCCLUSKY, DAVID <b>STREET ADDRESS</b> 412 EAST PASADENA AVENUE <b>CITY-ST-ZIP</b> CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TVP <b>NAME</b> Ramos, Angel <b>STREET ADDRESS</b> 407 Royal Palm Ave <b>CITY-ST-ZIP</b> Clewiston, FL 33440	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TS <b>NAME</b> VILLAFUERTE, ERICA <b>STREET ADDRESS</b> 500 AVE J PO BOX 1336 <b>CITY-ST-ZIP</b> MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TS-Sarah Hammock <b>NAME</b> 235 East Arcade Ave <b>STREET ADDRESS</b> Clewiston, FL 33440 <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> HICKS, JOHN B <b>STREET ADDRESS</b> 331 WEST OSCEOLA AVE <b>CITY-ST-ZIP</b> CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> McCudworth, Crais <b>NAME</b> 501 Popash circle <b>STREET ADDRESS</b> Clewiston FL 33440 <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ED <b>NAME</b> ADAMS, PATRICIA <b>STREET ADDRESS</b> 352 W ARCADE AVE <b>CITY-ST-ZIP</b> CLEWISTON, FL 33440	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T <b>NAME</b> JONES, SCOTT <b>STREET ADDRESS</b> PO BOX 1029 <b>CITY-ST-ZIP</b> CLEWISTON, FL 33440	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Patricia Adams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/08 863 983-5406 <small>Date Daytime Phone #</small>		