

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001848

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** COMMUNITY REBUILDING ECUMENICAL WORKFORCE, INC.

**Current Principal Place of Business:**

944 HARLEM ACAD. AVE.  
ROOM #12  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

352 W. ARCADE AVE.  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 20-4602063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, PATSICIA  
352 W ASCADE AVE  
CLEWISTON, FL 33440 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: TP ( ) Delete  
Name: STREET, THOM  
Address: PO BOX 190  
City-St-Zip: MOORE HAVEN, FL 33471

Title: TVP ( ) Delete  
Name: RAMOS, ANGEL  
Address: 407 ROYAL PALM AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: TS ( ) Delete  
Name: HAMMOCK, SARAH  
Address: 235 EST ARCADE AVE.  
City-St-Zip: CLEWISTON, FL 33440

Title: T ( ) Delete  
Name: MCUDWOSTH, CRAIG  
Address: 901 POPASH CIRCLE  
City-St-Zip: CLEWISTON, FL 33440

Title: ED ( ) Delete  
Name: ADANS, PATRICIA  
Address: 352 W ARCADE AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: T ( ) Delete  
Name: JONES, SCOTT  
Address: PO BOX 1029  
City-St-Zip: CLEWISTON, FL 33440

**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:

Title: ED (X) Change ( ) Addition  
Name: ADAMS, PATRICIA  
Address: 352 W ARCADE AVE  
City-St-Zip: CLEWISTON, FL 33440

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: PATRICIA ADAMS

ED

04/22/2009

Electronic Signature of Signing Officer or Director

Date