2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001848

FILED Mar 28, 2011 Secretary of State

Entity Name: COMMUNITY REBUILDING ECUMENICAL WORKFORCE, INC.

Current Principal Place of Business: New Principal Place of Business:

944 HARLEM ACAD. AVE.

ROOM #12

CLEWISTON, FL 33440

Current Mailing Address: New Mailing Address:

352 W. ARCADE AVE. 850 WEST VENTURA CLEWISTON, FL 33440 CLEWISTON, FL 33440

FEI Number: 20-4602063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ADAMS, PATSICIA

352 W ASCADE AVE

CLEWISTON, FL 33440 US

JONES, SCOTT

850 WEST VENTURA

CLEWISTON, FL 33440 US

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: SCOTT JONES 03/28/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TP

Name: STREET, THOM Address: PO BOX 190

City-St-Zip: MOORE HAVEN, FL 33471

Title: TVP

Name: RAMOS, ANGEL Address: 407 ROYAL PALM AVE City-St-Zip: CLEWISTON, FL 33440

Title: TS

Name: HAMMOCK, SARAH Address: 235 EST ARCADE AVE. City-St-Zip: CLEWISTON, FL 33440

Title: T

 Name:
 MCUDWOSTH, CRAIG

 Address:
 901 POPASH CIRCLE

 City-St-Zip:
 CLEWISTON, FL 33440

Title: ED

Name: ADAMS, PATRICIA
Address: 352 W ARCADE AVE
City-St-Zip: CLEWISTON, FL 33440

Title:

Name: JONES, SCOTT Address: PO BOX 1029

City-St-Zip: CLEWISTON, FL 33440

I hereby 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 all other like empowered.

SIGNATURE: SCOTT JONES T 03/28/2011