

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009008

FILED
Aug 30, 2008
Secretary of State

Entity Name: RECONNECTION OF FAMILYS FAITH BASE PROGRAM INC.

Current Principal Place of Business:

545 SW 13 AVE
#4
FT LAUDERDALE, FL 33312

New Principal Place of Business:

1527N.E.4AVE
1ST FLOOR
FT LAUDERDALE, FL 33304

Current Mailing Address:

545 SW 13 AVE
#4
FT LAUDERDALE, FL 33312

New Mailing Address:

1527N.E.4 AVE
1ST. FLOOR.
FT LAUDERDALE, FL 33304

FEI Number: 71-1031127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILCOX, TWONDY G
545 SW 13 AVE
#4
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

WILCOX, TWONDY G
1527N.E.4 AVE.
1STFLOOR
FT LAUDERDALE, FL 33304 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: _____

08/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROCKINGTON, ROOSEVELT
Address: 545 SW 13 AVE #4
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VP () Delete
Name: WILCOX, TWONDY G
Address: 545 SW 13 AVE #4
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROCKINGTON, ROOSEVELT
Address: 1527N.E.4AVE1STFLOOR
City-St-Zip: FT LAUDERDALE, FL 33304

Title: VP (X) Change () Addition
Name: WILCOX, TWONDY G
Address: 1527N.E.4AVE 1ST.FLOOR
City-St-Zip: FT LAUDERDALE, FL 33304

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: TWONDY G WILCOX

VP

08/30/2008

Electronic Signature of Signing Officer or Director

Date