

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 09, 2009**  
**Secretary of State**

DOCUMENT# N07000009008

**Entity Name:** RECONNECTION OF FAMILYS FAITH BASE PROGRAM INC.**Current Principal Place of Business:**1527N.E.4AVE  
1ST FLOOR  
FT LAUDERDALE, FL 33304**New Principal Place of Business:**3111NOANDREW AVE.  
2&3  
OKALANDPARK, FL 33309**Current Mailing Address:**1527N.E.4 AVE  
1ST. FLOOR.  
FT LAUDERDALE, FL 33304**New Mailing Address:**3111NO ANDREW AVE  
2&3  
OKALANDPARK, FL 33309**FEI Number:** 71-1031127**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILCOX, TWONDY G V.P.  
1527N.E.4 AVE.  
1STFLOOR  
FT LAUDERDALE, FL 33304 US**Name and Address of New Registered Agent:**WILCOX, TWONDY G C.E.O.  
3111NO ANDREW AVE  
2&3  
OKALANDPARK, FL 33309 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: TWONDY G WILCOX

09/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** BROCKINGTON, ROOSEVELT  
**Address:** 1527N.E.4AVE1STFLOOR  
**City-St-Zip:** FT LAUDERDALE, FL 33304**Title:** VP ( ) Delete  
**Name:** WILCOX, TWONDY G  
**Address:** 1527N.E.4AVE 1ST.FLOOR  
**City-St-Zip:** FT LAUDERDALE, FL 33304**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** V.P. (X) Change ( ) Addition  
**Name:** BROCKINGTON, ROOSEVELT  
**Address:** 3111NO ANDREW AVE 2&3  
**City-St-Zip:** OKALANPARK, FL 33309**Title:** CE.O (X) Change ( ) Addition  
**Name:** WILCOX, TWONDY G  
**Address:** 311NO ANDREW AVE  
**City-St-Zip:** OKALAND PARK, FL 33309

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

CEO

09/09/2009

Electronic Signature of Signing Officer or Director

Date