

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009008

FILED
May 24, 2011
Secretary of State

Entity Name: RECONNECTION OF FAMILYS FAITH BASE PROGRAM INC.

Current Principal Place of Business:

3111NOANDREW AVE.
2&3
OKALANDPARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

3111NO ANDREW AVE
2&3
OKALANDPARK, FL 33309

New Mailing Address:

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 C.E.O.
3111NO ANDREW AVE
2&3
OKALANDPARK, FL 33309 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: V.P.
Name: BROCKINGTON, ROOSEVELT
Address: 3111NO ANDREW AVE 2&3
City-St-Zip: OKALANPARK, FL 33309

Title: CE.O
Name: WILCOX, TWONDY G
Address: 311NO ANDREW AVE
City-St-Zip: OKALAND PARK, FL 33309

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: DR.TWONDY G WILCOX

CEO

05/24/2011

Electronic Signature of Signing Officer or Director

Date