2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N08000011617

Entity Name: COMMUNITY WORKS COALITION INC.

Current Principal Place of Business:

10664 SW 186TH STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10664 SW 186TH STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: 26-3959619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

COAKLEY, ANDRE
10664 SW 186TH STREET
MIAMI, FL 33157 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: PD ( ) Delete
Name: COAKLEY, ANDRE
Address: 10134 SW 223 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: VD ( ) Delete
Name: BOWEN, JOHN
Address: 5793 SW 59TH STREET
City-St-Zip: MIAMI, FL 33143

Title: VD ( ) Delete
Name: WILLIAMS, TREVOR
Address: 10134 SW 223 TERRACE
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BOWEN, JOHN
Address: 5793 SW 59TH STREET
City-St-Zip: MIAMI, FL 33143

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, TREVOR
Address: 10134 SW 223 TERRACE
City-St-Zip: MIAMI, FL 33190

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: JOHN BOWEN VP 05/04/2009

Electronic Signature of Signing Officer or Director — Date