


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 047 ****70.00

DOCUMENT # N98000003898					
1. Entity Name COMMUNITY RESOURCE CONNECTIONS INC.					
Principal Place of Business 155 S MIAMI AV SUITE 1150 MIAMI, FL 33131			Mailing Address 155 S MIAMI AV SUITE 1150 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 91-1920704	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PELLERIN BARCUS, MARIA 1155 SOUTH MIAMI AV SUITE 1150 MIAMI, FL 33131 <i>NO Hyphen</i>				Name MARIA PELLERIN BARCUS	
				Street Address (P.O. Box Number is Not Acceptable) 1155 SOUTH MIAMI AVE	
				STE 1150	
				City MIAMI	FL Zip Code 33131
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> MARIA PELLERIN BARCUS				DATE 01-20-04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
VD	QUICK, LINDA S	6363 TAFT STREET, SUITE 200	HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	
SD	CASALE, FRANKLIN	16400 NW 32 AVENUE	MIAMI, FL 33054	<input type="checkbox"/> Delete	
CD	JACKSON, FRED	1 ALHAMBRA PLAZA	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	
P	PELLERIN-BARCUS, MARIA	155 S MIAMI AV SUITE 1150	MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	
TD	RAMON, GONZALO DE	701 BRICKELL AV	MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
C	QUICK, LINDA S	6363 TAFT STREET, SUITE 200	HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VC	GARCIA TERE	2601 S. BAYSHORE DR 10TH FL	MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
T	DANNER STEPHEN	1101 BRICKELL AVE STE 1402	MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D	BELL ED	717 VIA VERONA	DEERFIELD BEACH FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> MARIA PELLERIN BARCUS				DATE 01-20-04 Daytime Phone # 305-371-8300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					