2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9800003898 1. Entity Name COMMUNITY RESOURCE CONNECTIONS INC.								02-05-20	-		
155 S MIAMI AV 155 SUITE 1150 SUI MIAMI, FL 33131 MIA			Mailing Address 155 S MIAMI AV SUITE 1150 MIAMI, FL 33131								
,			3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01202004	Chg-NP	CR2E	037 (10/03	3)
City & State			City & State				4. FEI Numbe 91-192	er 0704	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Applied For Not Applicable
Zip	Zip Country		Zip	Zip Cor		5. Certificate of Status Desired \$8.75 Addition Fee Required					
	6. Name	and Address of Current	Registered Agent	<u>- </u>			7. Name and	Address of Ne	w Registere	d Agent	
PELLERIN	NBARCHS	S MARIA	an orien		Name (MA	ria t	ع ماساه ع ^ل	ر س	Range	CUS
PELLERIN BARCUS, MARIA 1155 SOUTH MIAMI AV SUITE 1150					Street Address (P.O. Box Number is Not Acceptable) STORY MARIE AMI AUE						
MIAMI, FL	. 33131						ST	E 115	τO		
					City	NIF	+Mi		F	L Zip C	Code
the obligat	tions of regis	Darcu	MARIA	Peu	LERIA	J (SARCUS	th, in the State of	f Florida. I a	<u>- 20</u>	ith, and accept
	. Signature, wpec	d or printed name of registered agent of	and title if applicable. (NC	OTE: Registere	ed Agent signatu	ure required	when reinstating)		DAIL	-	
1737.40	Filing Fe	ee is \$61.25 Way 1, 2004	9. Election C	ampaign F	Inancing	ure required	\$5.00 May E Added to Fees		1 1 21 1	ck payabl	
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2. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PELLENIN BAZE

01-20-04

305-371-8300

Daytime Phot