

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90166 008 ****61.25

DOCUMENT # N98000003898

1. Entity Name
COMMUNITY RESOURCE CONNECTIONS INC.



Principal Place of Business
**155 SOUTH MIAMI AVENUE
SUITE 850
MIAMI, FL 33131**

Mailing Address
**155 SOUTH MIAMI AVENUE
SUITE 850
MIAMI, FL 33131**

60032562



2. Principal Place of Business - No P.O. Box #

**2828 CORAL WAY
Suite, Apt. #, etc.
500**

3. Mailing Address

**2828 CORAL WAY
Suite, Apt. #, etc.
500**

02122008 Chg-NP CR2E037 (12/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number
91-1920704

Applied For
Not Applicable

Zip

33145

Country

Zip

33145

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERMAN, STEPHANIE
155 SOUTH MIAMI AVENUE
SUITE 850
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **STEPHANIE BERMAN**

Street Address (P.O. Box Number is Not Acceptable)

2828 CORAL WAY, SUITE 500

City **MIAMI**

FL

Zip Code **33145**

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

Stephanie Berman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BERMAN, STEPHANIE**
STREET ADDRESS **155 S. MIAMI AVENUE, SUITE 850**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **C** ☐ Delete
NAME **GARCIA, TERESITA**
STREET ADDRESS **2601 S. BAYSHORE DRIVE, 10TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VC** ☐ Delete
NAME **MESSER, JOHN**
STREET ADDRESS **801 BRICKELL AVENUE, SUITE 2450**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **STEPHANIE BERMAN**
STREET ADDRESS **2828 CORAL WAY, SUITE 500**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **TERESITA GARCIA**
STREET ADDRESS **2601 S. BAYSHORE DR. 10TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **CHAIRPERSON** ☒ Change ☐ Addition
NAME **JOHN MESSER**
STREET ADDRESS **801 BRICKELL AVENUE, STE 2450**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Stephanie Berman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/08