

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10079767

DOCUMENT # N99000005835 1. Entry Name COMMUNITY ALLIANCE FOR REFORM IN EDUCATION, INC.		
Principal Place of Business 222 N PALM WAY LAKE WORTH, FL 33460		Mailing Address 222 N PALM WAY LAKE WORTH, FL 33460
2. Principal Place of Business 764 Juniper Pl Suite, Apt. #, etc.	3. Mailing Address 764 Juniper Pl Suite, Apt. #, etc.	
City & State Wellington, FL Zip 33414	Country USA	4. FEI Number 65-0973791
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required \$8.75		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent CARMONA, LISA 222 N PALM WAY LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name: Lisa Carmona Street Address (P.O. Box Number is Not Acceptable): 764 Juniper Place Wellington City: Wellington FL Zip Code: 33414
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>Lisa Carmona</i> DATE: 4/10/2003 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when submitting)</small>		
FILE NOW: FEE IS: \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: CD NAME: JENKINS, ANNETTA STREET ADDRESS: 1555 PALM BEACH LAKES BLVD # 1500 CITY-ST-ZIP: WEST PALM BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VCD NAME: MCDONALD, S BRUCE STREET ADDRESS: 585 NW 15TH COURT CITY-ST-ZIP: BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: ARRIEUX, ROBERT STREET ADDRESS: 2715 N AUSTRALIAN AVE CITY-ST-ZIP: WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: SENA, SISTER RACHEL OP STREET ADDRESS: 641 SE 15TH AVE # 201 CITY-ST-ZIP: BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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 empowerments.		
SIGNATURE: <i>Annetta Jenkins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/10/03 Daytime Phone #: 561-471-7700

CR2E07 (10/02)