2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004563

1. Entity Name

COMMUNITY ENRICHMENT PROGRAM, INC.

Principal Place of Business Mailing Address

FILED Oct 02, 2002 8:00 am Secretary of State 10-02-2002 90118 030 ****61.25

2. Principal Place of Business 3. Ma Suite, Apt. #, etc.				1100 SCOTT AVENUE SANFORD FL 32771 3. Mailing Address Suite, Apt. #, etc. City & State								
			3. Mai				DO NOT WRITE IN THIS SPACE					
			Su									
			Cit				4. FEI Number 59-3657446			Applied For Not Applicable		
Zip		Country	Zip	٩	Country		5. Certificate of St		\$8.75 A	dditional	1	
	6. Name a	and Address of Current I	Registere	ed Agent	-		7. Name and Add	iress of New Regis	tered Agent	_	1	
					Name						7	
WALLACE, QUINTIN T					Street Address (P.O. Box Number is Not Acc			Not Acceptable)	Acceptable)			
	OTT AVENUE OFL 32771										1	
SANFURD	7 FL 32// I				City				FL Zip Co	de	1	
8. The above	e named entity	submits this statement for	the purp	ose of changing its r	egistered office	or register	red agent, or both, in	the state of Florida.	······································		1	
SIGNATURE		printed name of registered agent a	nd title if end	olicable (NOTE)	Registered Agent sig	ogture required	(when reinstating)		DATE			
3			1	(1012	Thogs to to Agont any	accid required	, who it is made in its		DATE			
رُّي FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees						
10.		OFFICERS AND DIR	ECTORS	= = · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/CHANG	L ES TO OFFICERS A	ND DIRECTORS	N 10	1	
TITLE	PD			☐ Delete	TITLE				☐ Change	☐ Addition	16/6	
NAME	WALLACE,				NAME						1 .	
STREET ADDRESS CITY-ST-ZIP	1100 SCOT				STREET ADDRES CITY-ST-ZIP	·					F037	
TITLE	SANFORD F	L 32//1	•	☐ Delete	TITLE	·				- Addition	- 2	
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TITLE	TD			Delete	TITLE				☐ Change	☐ Addition		
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NAME	Ì			<u> </u>	NAME		awanda 7		onenge	Addition		
STREET ADDRESS					STREET ADDRESS		Scott Av				Ì	
CITY-ST-ZIP					CITY-ST-ZIP	San	iford, FL	32771				
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CITY-ST-ZIP					CITY-ST-ZIP							
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NAME						4					1	
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STREET ADDRESS CITY-ST-ZIP					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 feceiver 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: