2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# N20849

Entity Name: LE JARDIN COMMUNITY CENTER, INC.

Current Principal Place of Business:

311 NE 8TH STREET
SUITE 104
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

311 NE 8TH STREET
SUITE 104
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 59-2810036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: WINEBRENNER, OPAL
Address: 5431 NW 167 STREET
City-St-Zip: OPA LOCKA, FL 33055

Title: P ( ) Delete
Name: BUCHANAN, TIM
Address: 311 NE 8TH ST., SUITE 104
City-St-Zip: HOMESTEAD, FL 33030 US

Title: DT ( ) Delete
Name: MUCHANSINGH, ROGER B
Address: 1825 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 331344418 US

Title: D ( ) Delete
Name: BERRONES, EDUARDO
Address: 311 NE 8TH ST., SUITE 104
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete
Name: PAUL, ANTHONY
Address: 1825 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete
Name: ERWIN, PATRICIA
Address: 311 NE 8ST STE 104
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT ERWIN DEPU 06/09/2009

Electronic Signature of Signing Officer or Director — Date