

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005011

Entity Name: TRANSITIONAL LIVING COMMUNITY CENTERS INC.**Current Principal Place of Business:**6741 PEMBROKE RD
PEMBROKE PINES, FL 33023**Current Mailing Address:**6741 PEMBROKE RD
PEMBROKE PINES, FL 33023**FEI Number: 45-2307234****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARRISH, SHERRON
6741 PEMBROKE RD
PEMBROKE PINES, FL 33023 US*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**Officer/Director Detail :**

Title	PCEO
Name	PARRISH, SHERRON DR.
Address	3541 SW 144TH AVE.
City-State-Zip:	MIRAMAR FL 33027

Title	CEO
Name	IBEZIM, MICHAEL
Address	1558 WINDSHIP CIRCLE
City-State-Zip:	WELLINGTON FL 33414

Title	COF
Name	IBEZIM, MICHAEL
Address	1558 WINDSHIP CIRCLE
City-State-Zip:	WELLINGTON FL 33414

Title	COF
Name	PARRISH, SHERRON DR.
Address	3541 SW 144TH AVE.
City-State-Zip:	MIRAMAR FL 33027

Title	S
Name	SCOTT, ELIZABETH
Address	3541 SW 144TH AVE.
City-State-Zip:	MIRAMAR FL 33027

Title	T
Name	ASIAMAH, ERIC
Address	3541 SW 144TH AVE.
City-State-Zip:	MIRAMAR FL 33027

I hereby 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 all other like empowered.

SIGNATURE: DR. SHERRON PARRISH**PRESIDENT/CEO****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date