

2014 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: Yes

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

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

Title T
Name ASIAMA, 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

FOUNDER

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date