

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004900

**FILED**  
**Feb 06, 2013**  
**Secretary of State**  
**CC5804789387**

**Entity Name:** COMMUNITY EMPOWERMENT CENTERS FOR EDUCATION CORP.

**Current Principal Place of Business:**

608 BAYWOOD DRIVE  
SANFORD, FL 32773

**Current Mailing Address:**

608 BAYWOOD DRIVE  
SANFORD, FL 32773

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOREJON, CHRISTINA I  
608 BAYWOOD DRIVE  
SANFORD, FL 32773 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            CEOP  
Name            MOREJON, CHRISTINA I  
Address        608 BAYWOOD DRIVE  
City-State-Zip: SANFORD FL 32773

Title            T  
Name            GENTILE, ALMERINDA  
Address        10236 EAST LAKE AVENUE APT 102  
City-State-Zip: ORLANDO FL 32822

Title            S  
Name            BAEZ, GLADYS  
Address        1749 AMERICANA BLVD  
City-State-Zip: ORLANDO FL 32839

Title            O  
Name            EVANS, ALICIA  
Address        708 EAST MAGNOLIA STREET  
City-State-Zip: APOPKA FL 32703

*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: CHRISTINA MOREJON

CEOP

02/06/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date