

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

DOCUMENT# N12000011872

**Entity Name:** CENTER FOR SOCIAL ENTREPRENEURSHIP, INC.

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC2450316668**

**Current Principal Place of Business:**

1000 CORPORATE DRIVE  
SUITE 330  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

1000 CORPORATE DRIVE  
SUITE 330  
FORT LAUDERDALE, FL 33334 US

**FEI Number: 46-1619932**

**Certificate of Status Desired: No**

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

FORESIGHT BUSINESS CENTERS, INC.  
1000 CORPORATE DRIVE  
SUITE 330  
FORT LAUDERDALE, FL 33334 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            D, P  
Name            DESIMONE, RICHARD  
Address        7 E. FREDRICK PLACE, SUITE 600  
City-State-Zip: CEDAL KNOLLS NJ 07927

Title            D, S  
Name            DESIMONE, DAWN  
Address        7 E. FREDRICK PLACE, SUITE 600  
City-State-Zip: CEDAL KNOLLS NJ 07927

Title            D, T  
Name            SHOEMAKER, WILLIAM E  
Address        1000 CORPORATE DRIVE, SUITE 330  
City-State-Zip: FORT LAUDERDALE FL 33334

*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: WILLIAM E. SHOEMAKER**

**DIRECTOR**

**05/01/2013**

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

\_\_\_\_\_  
Date