

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008955

Entity Name: CRISIS RE-ENTRY COUNSELING CENTRE, INC.

Current Principal Place of Business:

5802 MAKOMA DR
#3
ORLANDO, FL 32809

FILED
Feb 25, 2015
Secretary of State
CC1386798165

Current Mailing Address:

1916 BARBER RD.
ORLANDO, FL 32809

FEI Number: 47-1165231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS-CELESTRIN, IVETTE
1916 BARBER RD.
ORLANDO, FL 32809 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 PD
Name RAMOS-CELESTRIN, IVETTE
Address 1916 BARBER RD.
City-State-Zip: ORLANDO FL 32809

Title VPD
Name RODRIGUEZ, AIDA V PRESIDENT
Address 5951 BROWN BARK DR
City-State-Zip: ORLANDO FL 32822

Title AD
Name CHISLOM, LINDA
Address 4110 CLUB SIDE DR.
City-State-Zip: LONGWOOD FL 32779

Title D
Name SILVESTRI, SIMON
Address 1800 GREENBRIER ST.
City-State-Zip: ARLINGTON VA

Title D
Name GREEN, JAMES
Address 2355 A MILL RD
City-State-Zip: ALEXANDRIA VA 22314

Title D
Name LOMAX, BENJAMIN
Address 2355 A. MILL RD.
City-State-Zip: ALEXANDRIA VA 22314

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: IVETTE RAMOS-CELESTRIN

PRESIDENT

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date