

2016 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 32839

Current Mailing Address:

5802 MAKOMA DR
#3
ORLANDO, FL 32839 US

FEI Number: 47-1165231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS-CELESTRIN, IVETTE
5442 LAKE MARGARET DR
1314
ORLANDO, FL 32812 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 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

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

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date