

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000473

FILED
Apr 27, 2006
Secretary of State

Entity Name: FAMILY EMPOWERMENT CENTERS OF CHICAGO, INC.

Current Principal Place of Business:

1533 WEST DEVON AVE.
CHICAGO, IL 60660

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 267926
CHICAGO, IL 60626

New Mailing Address:

FEI Number: 42-1570884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANKE, F. SCOTT
Address: 6448 N. GREENVIEW AVE.
City-St-Zip: CHICAGO, IL 60626

Title: ST () Delete
Name: SMITH, JAMES V DR.
Address: 5139 S. DORCHESTER AVE.
City-St-Zip: CHICAGO, IL 60615

Title: CD () Delete
Name: RICH, JONATHAN
Address: 425 SHELBURNE DRIVE
City-St-Zip: CAROL STREAM, IL 60188

Title: D () Delete
Name: CRESPO, ORLANDO
Address: 2283 LYON AVE.
City-St-Zip: BRONX, NY 10467

Title: D () Delete
Name: RIVERA, EDWARD
Address: 4806 W. ARITAGE
City-St-Zip: CHICAGO, IL 60639

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SMITH, JAMES V DR.
Address: 5139 S. DORCHESTER AVE.
City-St-Zip: CHICAGO, IL 60615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: BROWN, LARRY
Address: 0N437 PRESCOTT DR.
City-St-Zip: WINFIELD, IL 60190

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: F. SCOTT MANKE

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date