

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000004563

1. Entity Name
COMMUNITY ENRICHMENT CENTER, INC.



Principal Place of Business
1100 SCOTT AVENUE
SANFORD, FL 32117

Mailing Address
1100 SCOTT AVENUE
SANFORD, FL 32117

FILED
Mar 22, 2006 08:00 A
Secretary of State



03012006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3657446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, QUINTIN T
1100 SCOTT AVENUE
SANFORD, FL 32117

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN0000477740
04/06/06-80063-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLACE, QUINTIN T
STREET ADDRESS	1100 SCOTT AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	SD
NAME	EDGEcombe, ELEANOR
STREET ADDRESS	384 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	TD
NAME	WALLACE, ELGA R
STREET ADDRESS	1100 SCOTT AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TD
NAME	ROBINSON, SHAWANDA
STREET ADDRESS	1100 SCOTT AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 386-253-2612

Date

Daytime Phone #