

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**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**



01082007 No Chg-NP

CR2E037 (4/06)

**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 as will be, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

U000000666469  
03/23/07-80071-010 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #