

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 14, 2008
Secretary of State

DOCUMENT# N00000004563

Entity Name: COMMUNITY ENRICHMENT CENTER, INC.**Current Principal Place of Business:**1100 SCOTT AVENUE
SANFORD, FL 32117**New Principal Place of Business:**384 N. DR. MARTIN LUTHER KING, JR. BLVD.
DAYTONA BEACH, FL 32114**Current Mailing Address:**1100 SCOTT AVENUE
SANFORD, FL 32117**New Mailing Address:**P.O. BOX 1893
DAYTONA BEACH, FL 32115**FEI Number:** 59-3657446**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WALLACE, QUINTIN T
1100 SCOTT AVENUE
SANFORD, FL 32117 US**Name and Address of New Registered Agent:**SCOTT, DOYLE P
384 N. DR. MARTIN LUTHER KING, JR. BLVD.
DAYTONA BEACH, FL 32114 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: DOYLE P. SCOTT

07/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: WALLACE, QUINTIN T
Address: 1100 SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771Title: SD () Delete
Name: EDGECOMBE, ELEANOR
Address: 384 MARTIN LUTHER KING BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114Title: TD () Delete
Name: WALLACE, ELGA R
Address: 1100 SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771Title: TD (X) Delete
Name: ROBINSON, SHAWANDA
Address: 1100 SCOTT AVE
City-St-Zip: SANFORD, FL 32771**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: SCOTT, DOYLE P
Address: 384 N. DR. MARTIN LUTHER KING, JR. BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: ROBINSON, SHAWANDA P
Address: 384 N. DR. MARTIN LUTHER KING, JR. BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOYLE P. SCOTT, SR.

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date