

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 19, 2008
Secretary of State

DOCUMENT# N00000004563

Entity Name: COMMUNITY ENRICHMENT CENTER, INC.**Current Principal Place of Business:**384 N. DR. MARTIN LUTHER KING, JR. BLVD.
DAYTONA BEACH, FL 32114**New Principal Place of Business:**1100 SOUTH SCOTT AVE
SANFORD, FL 32771**Current Mailing Address:**P.O. BOX 1893
DAYTONA BEACH, FL 32115**New Mailing Address:**1100 SOUTH SCOTT AVE
SANFORD, FL 32771**FEI Number:** 59-3657446**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCOTT, DOYLE P
384 N. DR. MARTIN LUTHER KING, JR. BLVD.
DAYTONA BEACH, FL 32114 US**Name and Address of New Registered Agent:**WALLACE, QUINTIN T SR.
1100 SOUTH SCOTT AVE
SANFORD, FL 32771 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: QUINTIN T. WALLACE, SR.

12/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, DOYLE P
Address: 384 N. DR. MARTIN LUTHER KING, JR. BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD () Delete
Name: EDGECOMBE, ELEANOR
Address: 384 MARTIN LUTHER KING BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: ROBINSON, SHAWANDA P
Address: 384 N. DR. MARTIN LUTHER KING, JR. BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLACE, QUINTIN T
Address: 1100 SOUTH SCOTT AVE.
City-St-Zip: SANFORD, FL 32771

Title: SD (X) Change () Addition
Name: WALLACE, ELGA
Address: 1100 SOUTH SCOTT AVE.
City-St-Zip: SANFORD, FL 32771

Title: TD (X) Change () Addition
Name: ROLLE, STARLIN
Address: 1100 SOUTH SCOTT AVE
City-St-Zip: SANFORD, FL 32771

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: QUINTIN T. WALLACE SR.

PD

12/19/2008

Electronic Signature of Signing Officer or Director

Date