2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2009
Secretary of State

DOCUMENT# N00000008344

Entity Name: GIRLS RISING ABOVE COMMON ELEMENTS, INCORPORATED

Current Principal Place of Business:

5937 NW 22 AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

PO BOX 824461
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 65-1089121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARKE, VERONICA P
1618 NW 81 STREET
MIAMI, FL 33147 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: D ( ) Delete
Name: CLARK, SHANEE
Address: 5628 MAPLE FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: CLARKE, VERONICA P
Address: 1618 NW 81 STREET
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: ROBINSON, CHERYL
Address: 2371 WEST LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: LATSON, ANITA
Address: 2355 NW 80 STREET
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: HILL, MICHELLE
Address: 8285 NW 15 AVENUE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) 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: VERONICA P. CLARKE P 09/17/2009

Electronic Signature of Signing Officer or Director — Date