


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003401 1. Entity Name CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.	
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FILED

05 MAY -9 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311	Mailing Address 5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03022005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3717619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMMOCK, CASSIE 8137 BUCKLAKE RD. TALLAHASSEE, FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HAMMOCK, CASSIE 8137 BUCKLAKE RD. TALLAHASSEE, FL 32311	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delete <input type="checkbox"/>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LOVE, CHRISTINE 658 LIBERTY ST., APT. #4 TALLAHASSEE, FL 32310	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delete <input type="checkbox"/>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD BROWN, JOSEPH 2616 MISSION RD., APT. #86 TALLAHASSEE, FL 32304	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delete <input type="checkbox"/>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DAVIS, FREEMAN JR 392 ROCK ROAD CRAWFORDVILLE, FL 32327	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delete <input type="checkbox"/>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Freeman Davis Jr* 5/9/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #