


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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


Principal Place of Business 5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311	Mailing Address 5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311
--	--

DO NOT WRITE IN THIS SPACE

FILED

06 MAY -1 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



252006 No Chg-NP CR2E037 (11/05)

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 HAMMOCK, CASSIE 8137 BUCKLAKE RD. TALLAHASSEE, FL 32311	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
---	---

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HAMMOCK, CASSIE
STREET ADDRESS	8137 BUCKLAKE RD.
CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	SD
NAME	LOVE, CHRISTINE
STREET ADDRESS	658 LIBERTY ST., APT. #4
CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	TD
NAME	BROWN, JOSEPH
STREET ADDRESS	2616 MISSION RD., APT. #86
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	DAVIS, FREEMAN JR
STREET ADDRESS	392 ROCK ROAD
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

400075102134
05/23/06--01049--015 **122-50

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 an other like empowered.

SIGNATURE: Cassie Hammock April 30, 06 942-1563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #