


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000003401</b> 1. Entity Name <b>CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.</b>	
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Principal Place of Business <b>5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311</b>	Mailing Address <b>5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311</b>
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FILED

06 MAY -1 AM 10: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



252006 No Chg-NP      CR2E037 (11/05)	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3717619</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOCK, CASSIE  
8137 BUCKLAKE RD.  
TALLAHASSEE, FL 32311

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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.     **\$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	

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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      Date: April 30, 06      Daytime Phone #: 942-1563

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