


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07 APR 30 PM 2: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-NP CR2E037 (12/06) 27

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOCK, CASSIE			NAME			
STREET ADDRESS	8137 BUCKLAKE RD.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32311			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVE, CHRISTINE			NAME			
STREET ADDRESS	658 LIBERTY ST., APT. #4			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JOSEPH			NAME			
STREET ADDRESS	2616 MISSION RD., APT. #86			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, FREEMAN JR			NAME			
STREET ADDRESS	392 ROCK ROAD			STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327			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 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 all other like empowered.

SIGNATURE: *Freeman Davis Jr* 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #