2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003401

FILED Apr 30, 2009 Secretary of State

Entity Name: CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.

urrent P	rincipal Place	of Business:	New Principal Pla	ce of Business:
	IRES CROSS I SSEE, FL 323°			
urrent M	lailing Addres	s:	New Mailing Addr	ress:
	IRES CROSS I SSEE, FL 323 ²			
≣l Number:	: 59-3717619	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Surrent Registered Agent:	Name and Addres	s of New Registered Agent:
137 BUCI	K, CASSIE KLAKE RD. SSEE, FL 3231	11 US		
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida. * RE:	·		ered office or registered agent, or both,
the State	e of Florida. * RE:	submits this statement for the parties that statement for the parties in the parties of Registered Age		ered office or registered agent, or both, Date
the State	e of Florida. * RE:	ic Signature of Registered Age	ent	
the State GNATUF FFICERS le: ume: dress:	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Age TORS: Delete SSIE (E RD.	ent	Date
the State	e of Florida. RE: Electron S AND DIREC PD () HAMMOCK, CA 8137 BUCKLAK TALLAHASSEE	TORS: Delete SSIE E RD. , FL 32311 Delete INE IT, APT. #4	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
the State GNATUF FFICERS le: me: dress: y-St-Zip: le: me: dress:	e of Florida. RE: Electron S AND DIREC PD () HAMMOCK, CA 8137 BUCKLAK TALLAHASSEE SD () LOVE, CHRISTI 658 LIBERTY S TALLAHASSEE	ic Signature of Registered Age TORS: Delete SSIE (E RD. , FL 32311 Delete INE (ST., APT. #4 , FL 32310 Delete PH RD., APT. #86	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition

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: FREEMAN DAVIS JR D 04/30/2009