

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003401

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.

Current Principal Place of Business:

5755 CHAIRES CROSS RD.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

5755 CHAIRES CROSS RD.
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3717619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOCK, CASSIE
8137 BUCKLAKE RD.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAMMOCK, CASSIE
Address: 8137 BUCKLAKE RD.
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD () Delete
Name: LOVE, CHRISTINE
Address: 658 LIBERTY ST., APT. #4
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD () Delete
Name: BROWN, JOSEPH
Address: 2616 MISSION RD., APT. #86
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: DAVIS, FREEMAN JR
Address: 392 ROCK ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date