

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003401

FILED  
May 05, 2011  
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  
Name: HAMMOCK, CASSIE  
Address: 8137 BUCKLAKE RD.  
City-St-Zip: TALLAHASSEE, FL 32311

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CASSIE HAMMOCK

PD

05/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date