


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004019	
1. Entity Name COMMUNITY EMPOWERMENT SERVICES, INC.	

Principal Place of Business 4812 ESPLANADE ST BONITA SPRINGS, FL 34134	Mailing Address 4812 ESPLANADE ST BONITA SPRINGS, FL 34134
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02192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3731794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLEARY, JOCELYN F 4812 ESPLANADE ST BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE

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: <i>Joelyn F. McCleary</i>	DATE: 2-20-04
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CRIBBETT, GLEN R
STREET ADDRESS	18553 QUINCE RD
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D
NAME	CRIBBETT, JESSICA R
STREET ADDRESS	18553 QUINCE RD
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D
NAME	MCCLEARY, JOCELYN F
STREET ADDRESS	4812 ESPLANADE ST
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	MCCLEARY, MARK D
STREET ADDRESS	4812 ESPLANADE ST
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>U00000081765 03/08/04-80162-023 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joelyn F. McCleary</i>	DATE: 2-20-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small> 813-819-7012