

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90121 017 ****69.00

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1. Entity Name
COMMUNITY EMPOWERMENT SERVICES, INC.



Principal Place of Business
12729 IVORY STONE LOOP
FORT MYERS, FL 33913

Mailing Address
12729 IVORY STONE LOOP
FORT MYERS, FL 33913

2. Principal Place of Business
26755 Old 41 Rd
Suite, Apt. #, etc.
#2

3. Mailing Address
26755 Old 41 Rd
Suite, Apt. #, etc.
#2

City & State
BOWTIA SPRINGS, FL
Country
USA

City & State
BOWTIA SPRINGS, FL
Country
USA

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3731794

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLEARY, JOCELYN F
12729 IVORY STONE LOOP
FORT MYERS, FL 33913

9002 PALOMINO OAKS
DRIVE
FORT MYERS, FL 33912

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRIBBETT, GLENN R
20241 ESTERO GARDENS CIRCLE, UNIT 107
ESTERO, FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRIBBETT, JESSICA R
20241 ESTERO GARDENS CIRCLE, UNIT 107
ESTERO, FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCLEARY, JOCELYN F
12729 IVORY STONE LOOP
FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCLEARY, MARK D
12729 IVORY STONE LOOP
FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Address
9001 PALOMINO OAKS DRIVE
FORT MYERS, FL 33912
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9001 PALOMINO OAKS DRIVE
FORT MYERS, FL 33912
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9002 PALOMINO OAKS DRIVE
FORT MYERS, FL 33912
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9002 PALOMINO OAKS DRIVE
FORT MYERS, FL 33912
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-06

(239) 849-7012