2007 NOT-FOR-PROFIT CORPORATION

Apr 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N01000004019 04-02-2007 90082 044 ****70.00 COMMUNITY EMPOWERMENT SERVICES, INC. Principal Place of Business Mailing Address 26755 OLD 41 RD 26755 OLD 41 RD BONITA SPRINGS, FL 34135 **BONITA SPRINGS, FL 34135** 3-Mailing Address PAlomin OAKS Principal Place of Business - No P.O. Box,# Suite, Apt. #, etc 02062007 Chg-NP CR2E037 (12/06) Drive 4. FEI Number 59-3731794 Applied For Myers Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Age MCCLEARY, JOCELYN F Street Ad 12729 IVORY STONE LOOP FORT MYERS, FL 33913 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. t registered agect and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change ☐ Addition TITLE CRIBBETT, GLENN R NAME NAME STREET ADDRESS 9001 PALOMINO OAKS DR STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE CRIBBETT, JESSICA R NAME NAME 9001 PALOMINO OAKS DR STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MCCLEARY, JOCELYN F NAME NAME 9002 PALOMINO OAKS DR STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MCCLEARY, MARK D NAME NAME 9002 PALOMINO OAKS DR STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP City-St-7iP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 ichanged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

C/O Jocelyn McCleary				
9002 Palomino Oaks				
ss Florida	33912			
State	Zip Code			
Florida County of principal place of business: Lee				
	aks Florida State			

FILED Jun 16, 2006 8:00 am Secretary of State

06-16-2006 90531 012 ****90.00 G06167700012

ATTACHMENT

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This space for office use only

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	Last First	м.:.	Last		First	M.I.	
	Address .		Addin	853			
	City State	Zip Code	City		State	Zip Code	
	Owner(s) of Fictitious Nan Community Empowermen	•	tachment if neces	sary):			
1.	Entity Name 26755 Old 41 Road, 2		2. Entity	Name			
	Address Bonita Springs, Flori	ida 34135	Addr	ess			
	City State		City		State	Zip Code	
I (w is tr mad	Florida Registration Numl	ber N01000004019	Flo	rida Registration Nu	umber		
	FEI Number: 593731794		FE:	l Number:			
		☐ Not Applicable	. –	☐ Applied for	□ Not	Applicable	
	de umper oash. (At Least One Signa	6/1/00					
	Signature of Colmer	Cate	Signat	ure of Owner	Date	e	
-	1 1 R		Dhone M	umber:			
Ph	none Number: (239)		FIRMEN				
FC	OR CANCELLATION COMPOR FICTITIOUS NAME OR (we) the undersigned, he	DWNERSHIP CHANG	LY: E COMPLETE S	ECTIONS 1 THRO	UGH 4:		
FC	OR CANCELLATION COMP OR FICTITIOUS NAME OR (DWNERSHIP CHANGI ereby cancel the fic	LY: E COMPLETE S titious name _	ECTIONS 1 THRO	UGH 4:		

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50

ATTACHMENT

H0046681 HN0100004019



Bepartment of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of COMMUNITY EMPOWERMENT MINISTRIES, registered with the Department of State on June 16, 2006, as shown by the records of this office.

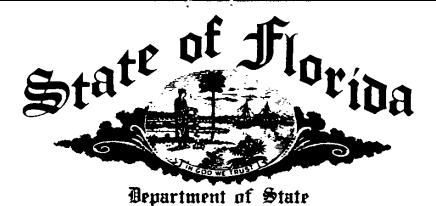
The Registration Number of this Fictitious Name is G06167700012.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twentieth day of June, 2006

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CR2EO22 (01-06)

Sue M. Cobb Secretary of State



I certify from the records of this office that COMMUNITY EMPOWERMENT MINISTRIES is a Fictitious Name registered with the Department of State on June 16, 2006.

The Registration Number of this Fictitious Name is G06167700012.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

THE ST.

CR2EO22 (01-06)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twentieth day of June, 2006

> Sue M. Cobb Sue M. Cobb Secretary of State