


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90082 044 \*\*\*\*70.00

<b>DOCUMENT # N01000004019</b>		
1. Entity Name COMMUNITY EMPOWERMENT SERVICES, INC.		
Principal Place of Business 26755 OLD 41 RD 2 BONITA SPRINGS, FL 34135		Mailing Address 26755 OLD 41 RD 2 BONITA SPRINGS, FL 34135

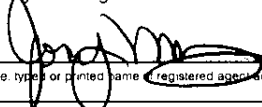


2. Principal Place of Business - No P.O. Box # 9002 PALOMINO OAKS Suite, Apt. #, etc. Drive City & State Fort Myers Zip 33912 Country USA		3. Mailing Address 9002 PALOMINO OAKS Suite, Apt. #, etc. Drive City & State Fort Myers Zip 33912 Country USA	
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02062007 Chg-NP CR2E037 (12/06)

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 12729 IVORY STONE LOOP FORT MYERS, FL 33913		7. Name and Address of New Registered Agent Name JOCELYN F. MCCLEARY Street Address (P.O. Box Number is Not Acceptable) 9002 PALOMINO OAKS Drive City Fort Myers FL Zip Code 33912

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  DATE 3/26/07

**Filing Fee is \$61.25  
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIBBETT, GLENN R 9001 PALOMINO OAKS DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIBBETT, JESSICA R 9001 PALOMINO OAKS DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEARY, JOCELYN F 9002 PALOMINO OAKS DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEARY, MARK D 9002 PALOMINO OAKS DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 3/26/07 (239) 849-7012

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

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

40046681

## Section 1

(see instructions if more than one county)

## Section 2

☐ Applied for      ☐ Not Applicable

### Section 3

## Section 4

Single CR4E001 (11/03)

ATTACHMENT

40046681

# NO 1000004015

# State of Florida



Department 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.



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

ATTACHMENT

H0046681

#NO1000004019

# State of Florida



Department 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.



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