2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# N01000004019

Entity Name: COMMUNITY EMPOWERMENT SERVICES, INC.

Current Principal Place of Business:

9002 PALOMINO OAKS DR
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

9002 PALOMINO OAKS DR
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 59-3731794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLEARY, JOCELYN F
9002 PALOMINO OAK DR
FORT MYERS, FL 33912 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: D ( ) Delete
Name: CRIBBETT, GLENN R
Address: 9001 PALOMINO OAKS DR
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: CRIBBETT, JESSICA R
Address: 9001 PALOMINO OAKS DR
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: MCCLEARY, JOCELYN F
Address: 9002 PALOMINO OAKS DR
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: MCCLEARY, MARK D
Address: 9002 PALOMINO OAKS DR
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOCELYN MCCLEARY D 04/08/2008
Electronic Signature of Signing Officer or Director — Date