

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000357

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE CENTER FOR THE EMPOWERMENT OF CHILDREN AND FAMILIES, INC.**Current Principal Place of Business:**8335 SOUTH WEST 152 AVE
#309
MIAMI, FL 33193**New Principal Place of Business:****Current Mailing Address:**8335 SOUTH WEST 152 AVE
#309
MIAMI, FL 33193**New Mailing Address:**PO BOX 69-5228
MIAMI, FL 33269**FEI Number:** 26-0033710**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KENDRICK, TIOMBE
8335 SOUTH WEST 152 AVENUE
309
MIAMI, FL 33193 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: ED () Delete
Name: KENDRICK, TIOMBE
Address: 8335 SW 152 AVENUE #309
City-St-Zip: MIAMI, FL 33193

Title: VP2D () Delete
Name: MAURICE, JOAN
Address: 530 NE 179TH DR
City-St-Zip: MIAMI, FL 33162

Title: PD () Delete
Name: NAIRN, ROBERT
Address: 588 NORTHWEST ST 7 COURT
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VP1 () Delete
Name: GILBERT, LORENZO
Address: 1330 NW 175 STREET
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: TIOMBE, KENDRICK
Address: 8335 SW 152 AVE #309
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: S () Change (X) Addition
Name: DECILE, DESTINA
Address: PO BOX 69-5228
City-St-Zip: MIAMI, FL 33269

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIOMBE KENDRICK

ED

04/30/2004

Electronic Signature of Signing Officer or Director

Date