

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001448

FILED  
Aug 01, 2007  
Secretary of State

**Entity Name:** CHILDREN & FAMILIES EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

17900 NW 19TH STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17900 NW 19TH STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 04-3634674      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

J.C. CANTAVE, INC.  
1970 NW 180TH STREET  
MIAMI GARDENS, FL 33056      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: DP      ( ) Delete  
Name: MERCERON, LINDA  
Address: 17900 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV      ( ) Delete  
Name: JEAN, EDNER  
Address: PO BOX 640001  
City-St-Zip: NORTH MIAMI, FL 331640001

Title: DST      ( ) Delete  
Name: SIMEON, FRITZ  
Address: PO BOX 5138  
City-St-Zip: WEST HOLLYWOOD, FL 33083

Title: D      ( ) Delete  
Name: MONEREAU, MARIE N  
Address: 8365 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33138

**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: LINDA MERCERON

DP

08/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date