

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001810

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** MESHNAH COMMUNITY DEVELOPMENT & ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

1051 NW 62ND STREET  
MIAMI, FL 33150 US

**New Principal Place of Business:**

**Current Mailing Address:**

17450 SW 296TH STREET  
MIAMI, FL 33030 US

**New Mailing Address:**

**FEI Number:** 20-8540944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SORRELLS-BROWN, CASSIE DR.  
17450 SW 296TH ST.  
MIAMI, FL 33030 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:** PTSD  
**Name:** SORRELLS-BROWN, CASSIE DR.  
**Address:** 17450 SW 296TH ST.  
**City-St-Zip:** MIAMI, FL 33030

**Title:** D  
**Name:** EASTERLING, SUSIE  
**Address:** 2515 NW 107TH ST.  
**City-St-Zip:** MIAMI, FL 33167

**Title:** D  
**Name:** WARD, SHENEQUA  
**Address:** 3351 NW 189TH STREET  
**City-St-Zip:** MIAMI, FL 33056

I hereby 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 all other like empowered.

**SIGNATURE:** DR. CASSIE SORRELLS-BROWN

PTSD

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date