

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2010
Secretary of State

Entity Name: L.C. CALLAHAN ENRICHMENT CENTER, CORP

Current Principal Place of Business:

12637 BISCAYNE LAKE DR
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

12637 BISCAYNE LAKE DR
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 56-2289425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, DELORES
12637 BISCAYNE LAKE DRIVE
JACKSONVILLE, FL 32218 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: P
Name: CALLAHAN, DELORES
Address: P.O. BOX 26215
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP
Name: CALLAHAN, CARLOS
Address: P.O. BOX 26215
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: C
Name: FIELDS, LOUIS
Address: 10905 LYDIA ESTATES DR.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S
Name: TOWNSEND, CHERYL
Address: 3857 ANDERSON WOOD DR.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T
Name: ALEXANDER, OLLIE
Address: 5211 PORTSMOUTH AVE.
City-St-Zip: JACKSONVILLE, FL 32208 US

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: DELORES CALLAHAN

P

04/13/2010

Electronic Signature of Signing Officer or Director

Date