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Secretary of State
05-02-2005 90567 013 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004653

1. Entity Name
COMMUNITY EMPLOYMENT AND COUNSELING CENTER, INC.

Principal Place of Business
12860 SW 51 STREET
MIRAMAR, FL 33027

Mailing Address
P.O. BOX 193771
HIALEAH, FL 33017

51-0506955
66023936

2. Principal Place of Business (State, Apt. #, etc.) / 3. Mailing Address (State, Apt. #, etc.)
City & State / City & State
Zip / County / Zip / County

04292005 Chg-NP CR2E087 (10/03)

4. FEI Number APPLIED FOR 51-0506955 (Certificate of Status Required / Not Applicable)

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORDE, COLIN A DR
12860 SW 51 STREET
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: 4-29-05
(Required) (Date)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
Title / Name / Street Address / City-St-Zip	D FORDE, COLIN A DR ~~13263 SW 56 STREET~~ MIRAMAR, FL 33027	☒ Delete	Title / Name / Street Address / City-St-Zip	P/D FORDE, COLIN A. DR 12860 SW 51 STREET, MIRAMAR, FL 33027	☑ Delete ☐ Add/Edit
Title / Name / Street Address / City-St-Zip	D KING, CHRISTINE M 1270 NW 131 STREET MIAMI, FL 33167	☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Add/Edit
Title / Name / Street Address / City-St-Zip	D ARNO, DAWN DR. 501 W 121 STREET #24 NEW YORK, NY 10027	☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Add/Edit
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Add/Edit
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Add/Edit
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip		☐ Change ☐ Add/Edit

12. I hereby certify that the information supplied with this filing does not qualify 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 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 I am aware of the penalties for making false statements on this document.

SIGNATURE: 4-29-05 (305) 829-2943
(Signature and Typed or Printed Name of Person Signing) (Date) (Daytime Phone #)