

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300000552

FILED
Mar 15, 2011
Secretary of State

Entity Name: CELAJE FOUNDATION, INC.

Current Principal Place of Business:

5121 FAIRFAX WEST
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

3608 SHADOWRIDGE PLACE
CONCORD, NC 28027

New Mailing Address:

165 KILBORNE RD
MOORESVILLE, NC 28117

FEI Number: 32-0082721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, OWEN
5121 FAIRFAX WEST
LAKELAND, FL 33813 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: PSTD
Name: HERNANDEZ, OWEN
Address: 165 KILBORNE RD
City-St-Zip: MOORESVILLE, NC 28117

Title: D
Name: HERNANDEZ, ELIZABETH
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: HERNANDEZ, ABILIO E
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: HERNANDEZ, ELISSA
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: HERNANDEZ, CASSANDRA
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: HERNANDEZ, GABRIELLE
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

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: OWEN HERNANDEZ

PTSD

03/15/2011

Electronic Signature of Signing Officer or Director

Date