

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005705

FILED  
Apr 24, 2011  
Secretary of State

**Entity Name:** POSITIVE CHOICES COMMUNITY EMPOWERMENT CORPORATION

**Current Principal Place of Business:**

2254 DOUGLAS STREET  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 813039  
HOLLYWOOD, FL 33081

**New Mailing Address:**

2254 DOUGLAS STREET  
HOLLYWOOD, FL 33020

**FEI Number:** 57-1176442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACK, TYMIRA W  
2350 DOUGLAS STREET  
HOLLYWOOD, FL 33020 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: MACK, TYMIRA W  
Address: 2254 DOUGLAS STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP  
Name: ADDISON, WILLIE JR.  
Address: 2559 WEST 30TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S  
Name: WILLIAMS, OPHELIA  
Address: DOUGLAS STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D  
Name: ANDERSON, MICHAEL K REV  
Address: 2254 DOUGLAS STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D  
Name: RAINEY, DENISE  
Address: SW 24TH STREET  
City-St-Zip: WEST PARK, FL 33023

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:** TYMIRA W. MACK

P

04/24/2011

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

\_\_\_\_\_  
Date