

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90020 028 ****70.00

DOCUMENT # N04000000702

1. Entity Name
COMMUNITY ENHANCEMENT COLLABORATION, INC.



Principal Place of Business

**5625 MAYO ST
HOLLYWOOD, FL 33023**

Mailing Address

**5625 MAYO ST
HOLLYWOOD, FL 33023**

60043473



04272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3116992

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, HENRY
6080 FLAGLER ST
HOLLYWOOD, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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

HENRY SHAW

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]

4/28/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
MCCREA, NADINE
5625 MAYO ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
OWENS, CHARLES
5610 MAYO ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CORBETT, EVELYN
5655 MAYO ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHAW, HENRY
6080 FLAGLER ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Smith
SMITH, MARY J
5729 WILEY ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HENRY SHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

954-989-2023