

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008871

FILED
May 18, 2009
Secretary of State

Entity Name: CARIBBEAN CHILDREN NUTRITION HEALTH EDUCATION CENTER, INC

Current Principal Place of Business:

1153 NW LOMBARDY DR
PORT STE LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1153 NW LOMBARDY DR
PORT STE LUCIE, FL 34986

New Mailing Address:

FEI Number: 41-2153954 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLAISE, BEATRICE
115 3 NW LOMBARDY DR
PORT ST.LUCIE, FL 34986 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: EPD () Delete
Name: BLAISE, BEATRICE
Address: 2314 SW RANCH AVENUE
City-St-Zip: PORT ST.LUCIE, FL 34953

Title: S () Delete
Name: MAGALIE, SURPRIS
Address: 322 SOUTH 26TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: LIMONTAS, FRITZGERALD
Address: 1750 N. CONGRESS AVE 407
City-St-Zip: PORT- ST- LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAGALIE, SURPRIS
Address: 3582 SW 68TH WAY
City-St-Zip: MIRAMAR,, FL 33168

Title: T (X) Change () Addition
Name: MCALLISTER, THEOMANA
Address: 136-01 NW 2ND AVE
City-St-Zip: MIAMI,, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEATRICE BLAISE

EPD

05/18/2009

Electronic Signature of Signing Officer or Director

Date