

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010029

FILED
Aug 31, 2006
Secretary of State

Entity Name: SHAPING LIVES COMMUNITY RESOURCE CENTER, INC.

Current Principal Place of Business:

10190 SW 168 STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10190 SW 168 STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: 13-4313557 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

WALDEN, ANGELA
10190 SW 168 STREET
MIAMI, FL 33157 US

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 () Delete
Name: WALDEN, CARLTON
Address: 10190 SW 168 STREET
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: GRANT, BARRINGTON
Address: 16135 SW 107 COURT
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: LIVINGSTONE, AVRIL
Address: 221 SW 70 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ST () Delete
Name: WALDEN, ANGELA
Address: 10190 SW 168 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRANT, BARRINGTON
Address: 16135 SW 107 COURT
City-St-Zip: MIAMI, FL 33157

Title: V (X) Change () Addition
Name: LIVINGSTONE, AVRIL
Address: 221 SW 70 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: T (X) Change () Addition
Name: ESCOFFREY, RANSFORD
Address: 14261 SW 159 COURT
City-St-Zip: MIAMI, FL 33196

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRINGTON GRANT

P

08/31/2006

Electronic Signature of Signing Officer or Director

Date