2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# N05000002184

Entity Name: COMMUNITY CENTER FOR FAMILY ENRICHMENT, INC.

Current Principal Place of Business:

5415 SW 129TH AVE.
MIRAMAR, FL 33027

New Principal Place of Business:

2598 SW MCDONALD STREET
PORT ST.LUCIE, FL 34953

Current Mailing Address:

5415 SW 129TH AVE.
MIRAMAR, FL 33027

New Mailing Address:

2598 SW MCDONALD STREET
PORT ST.LUCIE, FL 34953

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

Name and Address of Current Registered Agent:

ETIENNE, JOSEPH
5415 SW 129TH AVE.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

ETIENNE, JOSEPH
2598 SW MCDONALD STREET
PORT ST.LUCIE, FL 34953 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: JOSEPH ETIENNE 03/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ETIENNE, JOSEPH
Address: 5415 SW 129TH AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: DVP ( ) Delete
Name: EVEILLARD, PATRICK
Address: 4874 SW 34TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33312

Title: DT ( ) Delete
Name: ETIENNE, MARLENE
Address: 5415 SW 129TH AVE.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ETIENNE, JOSEPH
Address: 2598 SW MCDONALD STREET
City-St-Zip: PORT ST.LUCIE, FL 34953

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

Title: DT (X) Change ( ) Addition
Name: ETIENNE, MARLENE
Address: 2598 SW MCDONALD STREET
City-St-Zip: PORT ST.LUCIE, FL 34953

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: JOSEPH ETIENNE DP 03/27/2006
Electronic Signature of Signing Officer or Director Date