

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002184

FILED  
Mar 27, 2006  
Secretary of State

**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