

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002184

FILED
Apr 30, 2009
Secretary of State

Entity Name: COMMUNITY CENTER FOR FAMILY ENRICHMENT, INC.

Current Principal Place of Business:

2598 SW MCDONALD STREET
PORT ST.LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2598 SW MCDONALD STREET
PORT ST.LUCIE, FL 34953

New Mailing Address:

2598 SW MCDONALD STREET
PORT ST.LUCIE, FL 34953

FEI Number: 90-0274753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Title: DT () Delete
Name: DATHIS, ROLANDE
Address: 2214 FENTON ROCK LANE
City-St-Zip: KATY, TX 5905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOSEPH ETIENNE

DP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date