

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 18, 2009
Secretary of State

DOCUMENT# N06000000269

Entity Name: MEC RESOURCE CENTER, INC.**Current Principal Place of Business:**115 NE 3RD ST
POMPAN0 BEACH, FL 33060**New Principal Place of Business:****Current Mailing Address:**115 NE 3RD ST
POMPAN0 BEACH, FL 33060**New Mailing Address:****FEI Number:** 26-0133208**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DARBY, BARBARA
115 NE 3RD ST
POMPAN0 BEACH, FL 33060 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: DARBY, BARBARA
Address: 429 NW 9TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311**Title:** D () Delete
Name: NELSON, EULA
Address: 3961 NW 34TH AVE
City-St-Zip: LAUDERDALE LKS, FL 33309**Title:** S () Delete
Name: JAMES, JUDITH
Address: 115 NE 3RD ST
City-St-Zip: POMPAN0 BEACH, FL 33060**Title:** DT () Delete
Name: COLLINS, LOIS
Address: 2800 NW 44TH ST #311
City-St-Zip: OAKLAND PARK, FL 33309**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: DARBY, BARBARA
Address: 429 NW 9TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311**Title:** D (X) Change () Addition
Name: NELSON, EULA
Address: 4699 NORTH SR 7, SUITE Z
City-St-Zip: TAMARAC, FL 33319**Title:** S (X) Change () Addition
Name: HAMMONDS, JANICE
Address: 905 NW 1ST AVENUE
City-St-Zip: FT LAUDERDALE, FL 33311**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P/D () Change (X) Addition
Name: MATHIS, JOY R
Address: 7607 NW 40TH ST
City-St-Zip: CORAL SPRINGS, FL 33065**Title:** VP () Change (X) Addition
Name: KEMP, DENNIS
Address: 390 SHADOW WOOD LANE
City-St-Zip: CORAL SPRINGS, FL 33076

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: EULA NELSON

D

06/18/2009

Electronic Signature of Signing Officer or Director_____
Date