

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# N06000007477

Entity Name: ANTIOCH DISCOVERY EMPOWERMENT SERVICES, INC.

Current Principal Place of Business:

1919 SPRUCE AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1919 SPRUCE AVENUE
WEST PALM BEAH, FL 33407

New Mailing Address:

FEI Number: 43-2107177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, EMANUEL
4110 BATONA AVE.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

JAMES, EMANUEL
4110 LATONA AVE.
WEST PALM BEACH, FL 33407 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: _____ 03/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARROLL, BENJAMIN JR
Address: 33 ANN LEE LANE
City-St-Zip: TAMARAC, FL 33319

Title: VP () Delete
Name: SMITH, JULIA F
Address: 3021 EL CAMINO REAL
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S () Delete
Name: JACKSON, PATRICIA B
Address: 3015 AVENUE T
City-St-Zip: RIVIERA BEACH, FL 33404 US

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: JULIA F. SMITH OFFI 03/02/2009
Electronic Signature of Signing Officer or Director Date